FERRYSPEED

CREDIT ACCOUNT APPLICATION FORM

SPECIALISTS IN THE STORAGE AND DISTRIBUTION OF TEMPERATURE CONTROLLED PRODUCTS

FULL COMPANY TRADING NAME & ADDRESS

TEL: FAX:

BANK NAME & ADDRESS

REGISTERED OFFICE ADDRESS (IF DIFFERENT FROM ABOVE)

TEL: FAX:

BANK ACCOUNT NUMBER

BANK SORT CODE

COMPANY REGISTRATION NO.

VAT NO.

CREDIT LIMIT REQUIRED

DELETE AS APPLICABLE

SOLE TRADER PARTNERSHIP
LTD COMPANY PLC

NAME OF PROPRIETOR OR PARTNERS

1ST TRADE REFERENCE

NAME:
ADDRESS:

TEL: FAX:

2ND TRADE REFERENCE

NAME:
ADDRESS:

TEL: FAX:

HOW LONG HAVE YOU TRADED WITH THIS COMPANY ?

WHAT IS YOUR PRESENT CREDIT LIMIT ?

HOW LONG HAVE YOU TRADED WITH THIS COMPANY ?

WHAT IS YOUR PRESENT CREDIT LIMIT ?

PLEASE NOTE THAT PAYMENT IS DUE BY THE 21ST OF THE MONTH FOLLOWING DATE OF INVOICE

THIS SECTION MUST BE COMPLETED

SIGNATURE FOR ACCEPTANCE OF ABOVE TERMS: _____

POSITION: _____

DATE: _____

ALL GOODS ARE SHIPPED UNDER THE RHA CONDITIONS OF CARRIAGE (LATEST EDITION)

FERRYSPEED (C.I.) LIMITED

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