

## **Application for credit Account**

☐ Limited Company	$\square$ Sole Trader	(Please Tick)	
Company Name:			
Address:			
Post Code:	Company Regis	tration No:	
Tel:	E :mail		
Name and Contact details in L	ogistics Department:		
Name and Contact details in P	urchasing Department:		
Registered Office Address:			
Company Invoice Address:			
Company invoice Address.			
			_
Names of Proprietor(s) (If Non address)	-Limited Company – Pl	ease include Date of birth & Home	
when appropriate. I agreed	to abide by the term	in references from the above as and s and conditions as set out by	1
		oices are due to be paid with 30 se order must be given for services	i
rendered. I declare I have authority	to apply for credit	limit of £ on behalf of the	
company.			
Signed		Printed	
Position		Date	
Please Complete and send this sales@samedayfreight.co.uk		the two Trade references by E : mail to	
Janua Waanne day n Engintie O. UK	onioi wise sellu by pusi		

**TRADE REFERENCE 1** 

Company:	Contact Name:		
Address:			
Post Code:	Telephone No:		
Length of time traded with:			
Approx. average monthly spend:			
Date last time purchased from:	and how much:		
Are you associated with this compa	ny other than a trade supplier? If so please give details:		
Is there any other relevant informati account?	on you feel that we should have in offering you a credit		
TRADE REFERENCE 2			
Company:	Contact Name:		
Address:			
Post Code:	Telephone No:		
Length of time traded with:			
Approx. average monthly spend:			
Date last time purchased from:	and how much:		
Are you associated with this compa	ny other than a trade supplier? If so please give details:		
Is there any other relevant informati	on you feel that we should have in offering you a credit		

account?