

Application For Account

⊔ Limited Company	⊔ Sole Trader	(Please Tick)	
Company Name:			
Address:			
Post Code:	Company Regis	stration No:	
Tel:	E :mail		
Name and Contact details in Logistics Department:			
Name and Contact details in Purchasing Department:			
Registered Office Address:			
Company Invoice Address:			
Names of Proprietor(s) (If Non-Limited Company – Please include Date of birth & Home address)			
,			
when appropriate. All transconditions as set out by Sa	sport is carried out ameday Freight Ltd wh	in references from the above as and in line with the terms and ich can be found on our web site and be given for services rendered	
I declare I have authority	to apply for an acco	ount on behalf of the company.	
Signed		Printed	
Position		Date	
Please Complete and send this document along with the two Trade references (trade references are only needed if your company has been trading for under 5 years) by e-mail to			

UK & European Sameday Freight Ltd

sales@samedayfreight.co.uk Otherwise send by post.

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 company other than a trade supplier? If so please give details:			
Is there any other relevant information you feel that we should have in offering you a credit account?			
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 compar	y other than a trade supplier? If so please give details:		

Is there any other relevant information you feel that we should have in offering you a credit

account?