

Application For A Credit Account

Full Company Name:

Trading Address:

Post Code:

Registered Name[s] & Addresses

of Individual(s) if sole trader or
partnership – if insufficient space, please
attach a list

Post Code:

Telephone Number (including STD Code)

Fax Number (including STD Code)

Limited Company Partnership Sole Trader (tick one)

Time In Business: Years Months

Company Registration Number:

VAT Number:

Company Website:

Reservation Contact:

Email:

Tel:

Accounts Payable Contact:

Email:

Tel:

Address for invoices to be sent to (if different from above)

Post Code:

Monthly Credit Required: £

Please provide names and addresses of 2 firms supplying goods on credit, which we may approach for references

(1)

(2)

Signed:

Date:

Full Name of Signatory:

Capacity in which signed:

A Copy Of Your Letterhead Should Accompany This Application.

OFFICE USE ONLY:

Account Set Up As:

Account Set Up By:

Date Account Set Up:

Please complete and fax to AFerryFreight on **01235 844 102**
Alternatively, email: mail@aferryfreight.com or call: **0844 576 0060**