



## 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		Time In Business:	Years:          Months:
Company Registration Number			
VAT Number			
Company Website			
Main Contact:		Email Address:	Tel No:
Reservation Contact:		Email Address:	Tel No:
Accounts Payable Contact:		Email Address:	Tel No:
Address for invoices to be sent to (if different from above)			
		Post Code	
Monthly Credit Required	£		
<b><u>Please provide names &amp; addresses of 2 firms supplying goods on credit which we may be approached for references</u></b>			
(1)		(2)	
Signed x		Date x	
Full Name of Signatory			
Capacity in which signed			
<b>A COPY OF YOUR LETTERHEAD SHOULD ACCOMPANY THIS APPLICATION</b>			
<b>OFFICE USE ONLY:</b>			
Account Set Up As			
Account Set Up By			
Date Account Set Up			

Please complete and fax to AFerryFreight on 01235 844102  
 Or Email: [mail@aferryfreight.co.uk](mailto:mail@aferryfreight.co.uk)  
 Or Call: 0844 576 0060