

WARLEYCARRIERS

Application for Credit Account

Please tick: Limited Company Sole Trader PLC Company

Company Name:

Address:

Post Code: Company Reg No: VAT Reg No:

Tel: Fax:

Contacts in Transport Dept.: Email:

Contacts in Accounts Dept.: Email:

Registered Office Address (If any different from above):

Names of proprietors (If non-Limited Company – Please include Date of birth & Home address)

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Trade References

Company: Contact Name:

Address:

Post Code: Telephone No:

Company: Contact Name:

Address:

Post Code: Telephone No:

Bank Details

Name: Branch:

Account No: Sort Code:

I hereby authorise Warley Carriers to obtain references from the above, as and when appropriate. I agree to abide by the terms and conditions as set out by Warley Carriers, which include that all invoices are to be paid within 30 days from the date of invoice and that a purchase order must be given for services rendered.

Signed Printed Name

Position Date

Please complete in full and fax to 0121 500 5074