



APS Freight Ltd
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Application for Monthly Credit Account

1. FULL TRADING NAME: _____
TRADING ADDRESS: _____
INVOICE ADDRESS: _____
TEL NO: _____ FAX NO: _____
2. DATE COMPANY COMMENCED TRADING: _____ 3. VAT REG NO: _____
4. ADDRESS OF REGISTERED OFFICE: _____
5. DATE OF INCORPORATION: _____ 6. REGISTERED NO: _____
7. FULL NAME(S) OF DIRECTORS: _____
8. BANKER'S NAME: _____
BRANCH ADDRESS: _____
9. TRADE REFERENCES (2):
NAME: _____ ADDRESS: _____
TEL NO: _____ FAX NO: _____
10. PLEASE STATE THE MAXIMUM AMOUNT OF CREDIT REQUIRED £ _____
11. **CREDIT TERMS: 30 DAYS NET FROM END OF MONTH OF INVOICE**

DECLARATION BY CREDIT APPLICANT

I, BEING AN AUTHORISED OFFICER OF THE APPLICANT, BEING IN POSSESSION OF YOUR TERMS AND CONDITIONS OF CARRIAGE, CONFIRM MY AGREEMENT AND ACCEPTANCE THEREOF AND AGREE THAT PAYMENT OF ALL ACCOUNTS WILL BE RECEIVED BY YOU (OUR SUPPLIER) WITHIN YOUR STATED CREDIT TERMS.

SIGNED: _____ NAME (Please Print): _____
POSITION: _____ DATE: _____



No. 2370

We trade to BIFA standard trading conditions 2000. Copies of which can be sent if requested.