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CREDIT APPLICATION FORM
(Please complete all sections in block capitals)

CUSTOMER INFORMATION

Trading Name.....

Trading Address.....

.....

.....Post Code.....

Tel No.....Fax No.....E-mail.....

Registered Name.....
 (If different from Trading Name)

Registered Address.....

.....Post Code.....

Tel No.....Fax No.....E-mail.....

Nature of Business.....

Invoice Address (please circle) Trading Address Registered Address

Type of Organisation (please circle) Sole Proprietor Partnership Limited
 Company

Country of Registration..... Date Founded.....

Reg No.....Vat Reg No.....

Directors Details

Surname..... First Names.....

Surname..... First Names.....

Surname..... First Names.....

Surname..... First Names.....

Maximum Credit Limit Required GBP.....

Cont'd

Bank Details

Name.....

Address.....

.....

.....Post Code.....

A/C No.....Sort Code.....

Trade References

1st Company Name.....

Contact Name.....

Address.....

.....Post Code.....

Tel No.....**Fax No**.....

2nd Company Name.....

Contact Name.....

Address.....

.....Post Code.....

Tel No.....**Fax No**.....

Your attention is drawn to our trading terms:

1. Accounts are payable within 30 days from date of invoice
2. Accounts for Duty/Vat and disbursements are payable immediately
3. All goods are covered under the RHA and CMR terms and conditions
4. Credit is granted on the understanding that in the unlikely event of an insurance claim, duties, freight and ancillary charges cannot be withheld.
5. Insurance cover will only be arranged upon written instructions from you

I/We hereby agree to the above terms. Failure to adhere to these terms may result in credit facilities being withdrawn.

Signature..... Position.....Date.....

In order for this credit application to be processed a copy of your official company letterhead must be enclosed.