

Credit Application Form



Please complete and return to:

E: Victoria.lanson@nidd-transport.com

T: 01765 641531

Company Name:

Company Registration Number:	VAT Number:
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Address:	Postcode:
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Accounts Contact Name:	Telephone Number:
Email Address:	

Traffic Contact Name:	Telephone Number:
Email Address:	

Registered Office:

Credit Limit Required:

Name and Address of Bank:	Postcode:
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Account Number:	Sort Code:
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Name and address of **two** companies with whom you hold a credit account and who are no connection with yourselves

1)
Email Address:

2)
Email Address:

<u>Terms and Conditions</u> We would like to draw your attention to our credit terms which are strictly 30 days following month end. All invoices will be sent PDF. format via email.

Authorised Signature:	Position:	Date:
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