

New Supplier Application



Please complete and return to:

E: Heather.Glegg@nidd-transport.com

T: 01765 641531

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| Company Name: |
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|------------------------------|---------------------|
| Company Registration Number: | Company VAT number: |
|------------------------------|---------------------|

| | |
|----------|------------|
| Address: | Post Code: |
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|----------------|-------------------|
| Contact Name: | Telephone Number: |
| Email Address: | |

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|--------------------|
| Registered Office: |
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|---------------------------|------------|
| Name and Address of Bank: | Post Code: |
|---------------------------|------------|

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|-----------------|------------|
| Account Number: | Sort Code: |
| IBAN: | SWIFT: |
| Currency: | |

Insurance Details

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|---------------|-------------|
| Company: | Policy No.: |
| Renewal Date: | |

****Please provide a copy of your Goods in Transit and Commercial Vehicle Insurances****

Terms and Conditions

We would like to draw your attention to our payment terms which are 45 days from month end

| | | |
|-----------------------|-----------|-------|
| Authorised Signature: | Position: | Date: |
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