

Spratt Transport Services

CREDIT APPLICATION FORM

Company Name:
Full Address:

Legal Status:

Contact Name/Position:
Telephone No:
VAT No:

Fax No:
Company Registration No:

Bank Reference

Please provide full details of your bankers whom we may contact for a reference.

Bank:
Branch Address:

Sort Code:
Contact Name:
Tel No:
(Including Area Code)

Account Name and No:

Trade References

1). **Company:**
Tel No :
2). **Company:**
Tel No:

Contact:
Fax:
Contact:
Fax:

Monthly credit amount requested:

I/we confirm that the information supplied as mentioned above is accurate. I/we Accept that if for any reason whatsoever any of the above mentioned information should change we must notify Spratt Transport Services in writing.

I/we further acknowledge that I/we have read and accepted the terms and conditions of Spratt Transport Services.

***Credit terms are 30 days from invoice date.**

***Goods are carried subject to our Trading Conditions.**

***Payment of freight invoices cannot be withheld against any outstanding claim.**

***Goods are not insured unless specifically requested in writing.**

Client signature:

Date:

Credit Authorised: _____

Date: