

# 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:**