

Credit account application form



Company Information

Company Name:	Partnership/Sole Trader:
Co. Registration N° (if applicable)	Main Telephone N°:
Address:	Main Fax °:
	VAT N°:
Postcode:	Length of time in business:

Account Contact Details

Contact Name:	Telephone N°:
e-Mail:	Fax N °:
Value of credit required £: to £:	
Do you require order numbers or any other paperwork to pass invoices for payment? (if not indicated Yes, we will assume No)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Bank Details

Bank Name:	Account Name:
Bank Address:	Account N°:
	Sort code:
Postcode:	

Trade References (no fuel or utilities suppliers)

Name:	Telephone N°:
Address:	Fax N °:
	Average monthly credit:
Postcode:	
Name:	Telephone N°:
Address:	Fax N °:
	Average monthly credit:
Postcode:	

I therefore undersigned that I have read, understood and accepted the terms and conditions of one Klick Logistics group Ltd. and its carriers (available from www.klicklogistics.co.uk or by request), and I confirm that I have the authority to sign on behalf of the company noted above. I understand Klick Logistics group Ltd. may enquire with credit reference agencies with regard to my account opening. Once completed, please scan and email the signed form to accounts@klicklogistics.co.uk if you are unable to scan, contact us for more options.

Title	Name	Signature	Date
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Please return to: Accounts Department | accounts@klicklogistics.co.uk | 01908 011999