

HILLTOP TRANSPORT LTD - Application for credit Account

Limited Company Sole Trader (Please Tick)

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|---------------|-------------------|
| Company Name: | |
| Address: | |
| Post Code: | *Registration No: |
| Tel:..... | Fax:..... |

Contact in Accounts Department:.....

Email Address: Telephone No.

| |
|--|
| *Registered Office Address |
| (If any different from above): |
| *Names of proprietors <u>(If non-Limited Company – Please include Date of birth & Home address)</u> |

TRADE REFERENCES

| | |
|------------|---------------|
| Company: | Contact Name: |
| Address: | |
| Post Code: | Telephone No: |
| Company: | Contact Name: |
| Address: | |
| Post Code: | Telephone No: |

BANK DETAILS

| | |
|-------------|------------|
| Name: | Branch: |
| Account No: | Sort Code: |

I hereby Authorise [HILLTOP TRANSPORT LTD] to obtain references from the as and when appropriate. I agreed to abide by the terms and conditions as set out by [HILLTOP TRANSPORT LTD], Which include that all invoices are due to be paid with 30days from the date of invoice and that a purchase order must be given for services rendered.

I declare I have authority to apply for credit limit of £ on behalf of the company.

Signed.....Printed Name.....
Position.....Date.....

Please Complete in full and fax to **0121 580 2384** or email accounts@hilltoptransport.com

