



Application for Credit Account

Please post or email the completed form to the Commercial Dept for prompt attention

| | | | |
|--------------|---------|--------------------------------|---------|
| Trading Name | | Registered Name (If different) | |
| Main Address | | Registered Office Address | |
| Postcode | | Postcode | |
| Tel No. | Fax No. | Tel No. | Fax No. |

| | | | |
|-------------------|-------------------------------|---------|--|
| Invoicing Address | Contact Name (for Operations) | | |
| | Job Title | | |
| | Tel No. | Fax No. | |
| Postcode | | | |

| | | | |
|-----------------------------|----------------------------|---|---|
| Names of Executives | Job Title | Type of Organisation (e.g. Partnership, Limited Co. etc) | |
| | | | |
| | | Date of Formation / / | Date of Financial year End Day / / Month |
| Names of Ops/Export Contact | Ops/Exports E-mail address | Company Registration No. | |
| | | Country of Registration | |
| Anticipated Monthly Spend | £ | Are you registered for VAT (If Yes Please provide No.) | |

| | | |
|---|--------------------------------------|-----------|
| Bank Name | Account No. | Sort Code |
| Bank Address | Name of Account | |
| Postcode | How Long have you held this Account? | |
| I, an authorising signatory to the above bank account give permission to our bankers to provide a credit reference to: Swift Courier Solutions Ltd. | | Signed: |

| | | | |
|-----------------------------|----------------------|-----------------------------|----------------------|
| Trade Ref 1 Company Name | | Trade Ref 2 Company Name | |
| Address | | Address | |
| Postcode | | Postcode | |
| Main trading activity? | Period as customer? | Main trading activity? | Period as customer? |
| Contact Name | Tel. No. Fax. No. | Contact Name | Tel. No. Fax. No. |

Declaration

| | |
|--|-----------|
| I/We hereby request you to open a credit account I, being an Authorised signatory of the business, agree that payment of accounts, will be received by Swift Courier Solutions Ltd within 28 days of receipt of invoice and acknowledge that our adherence to this obligation is of the essence in this contract between us. | |
| Full name of person authorising application | Signature |



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|-----------|---------------------|
| Job Title | Date of Application |
|-----------|---------------------|