

## Drysdale Freight Ltd - Application for credit Account

Limited Company     
  Sole Trader     
 (Please Tick)

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

Contact in Transport Department:.....

Contact in Accounts Department:.....

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

### 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 Drysdale Freight Ltd to obtain references from the above as and when appropriate.  
 I agree to abide by the terms and conditions as set out by Drysdale Freight Ltd, Which include that  
 all invoices are due to be paid within 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 01368 830730**