

Internal Use only	Acc No:
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CREDIT APPLICATION FORM

FAX BACK TO 0203 222 0617

Please fill out the application in block capitals

Monthly Credit Limit Required: £	Date of Application: / /
Terms : 30 days from invoice print date (standard credit terms, unless otherwise agreed)	
Business Type (ie sole trader, limited, partnership):	
For sole traders/partnerships/limited partnerships, please provide here FULL names of ALL of the proprietors.	
For Limited Companies/PLC – company registration number	
For Companies, NHS Trust/Charities/Government Funded Bodies/Councils	
Full Name And Relevant Department below	
Full Trading Name/Department:	
Name:	
Address:	
Post Code:	
Tel:	Fax:
Mobile:	
Vat Reg No (if applicable):	
Web Address:	Email Address:
Nature Of Business:	Number of Yrs Established:
Authorising signature:	Print Name:
Position:	Department:

TERMS & CONDITIONS: **Please read before you sign & date.**

1. Payment must be received within 14 days of invoice print/email date (unless otherwise agreed).
2. You must notify us of any queries on your invoice within 7 days.
3. If payment is not received by the due date, a 15% late charge will be added every 28 days until payment is received.
4. If a substantial period has elapsed without contact or payment, your account will be put on hold.

BY SIGNING THIS AGREEMENT YOU AGREE TO THE TERMS.

PLEASE FAX THIS APPLICATION BACK TO 0203 222 0617 or post to
Accounts Manager
City Despatch
35 Waterson Street, London E2 8HT

If you have received the application form in electronic format, return email to info@citydespatch.com



(Airport Despatch is a division of City Despatch)