



CREDIT APPLICATION FORM

Please complete the form in BLOCK CAPITALS. Any incomplete application may be returned and therefore delay your application.

Company information section with fields 1-8: Company name, Registered address, Email ID, Company registration number, Company registration date, Telephone number, Fax number, VAT number.

Corporate officers section with table 9: Full name, Position, Contact Number.

Accounts payable section with fields 10-13: Accounts contact name (primary), Accounts contact name (secondary), Email ID.



Bank Details

14 Name of Bank

16 Account number

15 Branch address

Postcode

17 Sort Code

Trade References

18 Company name

20 Contact name

19 Registered address

Postcode

21 Telephone number

22 Email ID

23 Company name

25 Contact name

24 Registered address

Postcode

26 Telephone number

27 Email ID



Credit Agreement

28 Anticipated monthly forecast
29 Requested credit limit

I certify that the above information is true and that I agree to the terms and conditions of Inter Continental Logistics Ltd which are attached herewith - BIFA (latest edition) copies available upon request.

I understand that Inter Continental Logistics Ltd will require payment within 30 days from the invoice date.

Signature: Duly authorised to sign on behalf of the company
Print name:
Position:
Date:

INTER CONTINENTAL LOGISTICS LTD use only

Reference 1:
Reference 2:
Credit Limit (£):
Account Number:
Account authorised by: