



Graylaw Freight Group

We deliver - for you and your customers

TO	FROM
DATE	TIME
RE	PAGES

Further to telecon please find below our credit application form, kindly complete and return to us so we can raise an account.

APPLICATION FOR CREDIT FACILITIES

Full Business Name and Address

.....

Post Code..... Tel No.....

Fax No.....

(1) Date formed Company Registered No

(2) If a company with limited liability, please state the address of your registered office

.....

(3) If not a company with limited liability, please state whether sole ownership or partnership and indicate below Name(s), addresses of Sole Owner / all Partners (reference Section 29, 1981 Companies Act.

.....



Graylaw Freight Group

We deliver - for you and your customers

(4) Name & address of customers bank

.....
.....

(5) Name & addresses of two suppliers able to provide trade reference for the amount of our enquiry

(a)

.....

.....

(b)

.....

.....

(6) Average amount of credit required each month £.....

ALL ACCOUNT INVOICES MUST BE PAID IN FULL WITHIN 30 DAYS FROM INVOICE DATE.

(7) I / We agree to the above conditions on behalf of

.....

SIGNED DATE STATUS

.....
(TO PROCESS YOUR APPLICATION FOR CREDIT TERMS, NoS 1,4,5,6,7 AND EITHER 2 OR 3 **MUST BE COMPLETED**)

TERMS AND CONDITIONS ON REQUEST

FOR OFFICE USE ONLY
EQUIFAX

CORRECT ON SYSTEM

CHECKED

CLEARED BY
.....

DATE

CREDIT LIMIT

CUSTOMER INFORMED
.....

DATE

ACCOUNT REF

FORM ISSUED FROM
.....

BRANCH

DATE