

Please complete the form and return by email to:

accounts@everestlogistics.co.uk



OFFICE USE ONLY	
Date:	/ /
Score:	/100
Cus Code:	
Credit limit Recom'd:	£
Credit limit Granted:	£

ACCOUNT CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Company Registration Number :		Company Contact:	
Company name :			
Phone :	Fax :	E-mail :	
Company address :			
Town :	County :	Postcode :	
Registered Office :			
Accounts Contact :		Accounts E-mail :	

BANK DETAILS

Name :	
Address :	Postcode :
Time with Bank :	
Account Number :	Sort Code : Telephone :

BUSINESS/TRADE REFERENCES

Company name :		
Address :		
Town :	County :	Postcode :
Phone :	Fax :	E-mail :
Company name :		
Address :		
Town :	County :	Postcode :
Phone :	Fax :	E-mail :
Credit requested :		

AGREEMENT

1. All invoices are to be paid 30 days from the end of the month.
2. All transactions are undertaken subject to RHA Conditions of Carriage 2009.
3. By submitting this application, you authorise Everest Logistics Solutions Ltd. t/a Everest Logistics to make inquiries into the bank and business/trade references that you have supplied. We may also make enquiries about principle directors with a credit reference agency.

WE ACKNOWLEDGE RECEIPT OF AND ACCEPT YOUR TERMS AND CONDITIONS AND REQUEST CREDIT FACILITIES

SIGNATURE

Name:

Company Position:

Signature:

Date: