

**CREDIT APPLICATION FORM:**

Company Name: \_\_\_\_\_

Trading as: \_\_\_\_\_

Company Status: LLP Company / Partnership / Sole Trader

Trading Address: \_\_\_\_\_

\_\_\_\_\_

Town / County \_\_\_\_\_ / \_\_\_\_\_

Post Code: \_\_\_\_\_

Registered Office: \_\_\_\_\_

(If Applicable)

\_\_\_\_\_

Post Code: \_\_\_\_\_

Type Of Business: \_\_\_\_\_

Anticipated Monthly Trading: \_\_\_\_\_ to \_\_\_\_\_

Contact Despatch: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

e.mail. \_\_\_\_\_

Contact Accounts: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

e.mail. \_\_\_\_\_

Accounts Address: \_\_\_\_\_

(If Applicable)

\_\_\_\_\_

Town / County \_\_\_\_\_ / \_\_\_\_\_

Post Code: \_\_\_\_\_

I request a credit account with Xpress Messenger LLP, subject to their Terms & Conditions of Trading, a copy of which are in my possession. I believe the details given to be correct.

**Name:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This form should be signed by:

If a Ltd Co : - A Company Director or Company Secretary.

If a Partnership : - A Partner.

If Sole Trader: - The Proprietor

All transactions are subject to our Terms & Conditions - copies of which are in your possession.

Please note our invoices are produced every two weeks and our payments terms are 21 days from date of invoice.

**Please return by fax to: 0845 834 0881**