Credit Application Form

Company Name:	Date:
Address:	
Post Code:	
VAT Reg. No:	
Company Reg. No:	
Telephone No:	Fax No:
Purchase LedgerContact:	
Telephone No:	Fax No:
E-Mail Address for Monthly Sta	atements:
Monthly Credit Required:	
UNDERSTAND THAT YOU DO NOT GIVE CRE ACKNOWLEDGE THAT YOUR TRADING CON ALL STORAGE AND HANDLING AND CMR CO	AND ACCEPT YOUR CREDIT TERMS I.E. 30 DAYS FROM DATE OF INVOICE. WE EDIT FOR VAT/DUTY PAID TO H.M. CUSTOMS AND EXCISE ON OUR BEHALF. WE DITIONS ARE RHA CONDITIONS (1998) ON ALL UK MOVEMENTS, UKWA CONDITIONS ON DNDITIONS OF CARRIAGE ON ALL EUROPEAN TRANSPORTS. RGF WILL NOT ACCEPT ANY INSURANCE CLAIMS ANY POTENTIAL CLAIMS SHOULD BE NOTIFIED IN WRITING AND CE COMPANIES.
Signed:	Name (print):
Position:	
Date:	
Official Use Only:	
Credit Limit Approved:	Amount (£):

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