



APPLICATION FOR CREDIT ACCOUNT & CONFIRMATION OF TERMS & CONDITIONS

Please open credit facilities in our name for the value of £ _____ per month

YOUR COMPANY INFORMATION

Company Name: _____

Address: _____

Postcode: _____

Telephone No: _____

Company Reg No: _____

Contact Name: _____

BANK DETAILS

Name of Bank: _____

Sort Code: _____

Address: _____

Account Name: _____

Account No: _____

Postcode: _____

TRADE REFERENCES (2 REQUIRED)

Name: _____

Name: _____

Address: _____

Address: _____

Telephone No: _____

Telephone No: _____

Contact Name: _____

Contact Name: _____

We accept that Bishopsgate Specialist Installations Limited credit terms are 30 days from the invoice date.

We acknowledge that all goods are carried while in transit and stored as per ROAD HAULAGE ASSOCIATION LTD. CONDITIONS OF CARRIAGE 1998.

Insurance inclusive up to £1300 per ton, £1.30 a kilo. All risks insurance is available upon request subject to quotation.

Signed: _____

Date: _____

Print Name: _____

Position in Company: _____

Conditions of carriage received: - Yes No (Please Tick)

Please complete and return to David Eldridge Company Secretary: Fax to 01753-692642