

Please open credit facilities in our name, we estimate our monthly requirement to be:-	£
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YOUR COMPANY INFORMATION	
Company Name: _____	
Address: _____	
Postcode: _____	Contact Name: _____
Company Reg. No: _____	Email: _____
	Telephone: _____

BANK DETAILS	
Name: _____	Sort Code No: _____
Address: _____	Account No: _____
Postcode _____	

TRADE REFERENCE 1	TRADE REFERENCE 2
Name: _____	Name: _____
Address: _____	Address: _____
Telephone: _____	Telephone: _____
or Email: _____	or Email: _____
or Fax: _____	or Fax: _____
Contact Name: _____	Contact Name: _____

By making this application you acknowledge, agree and accept the following:-

- i) Payment terms are net cash, payable 30 days from invoice date.
- ii) Your goods will be handled, stored and carried under The Road Haulage Association Limited Conditions of Carriage 1998.
- iii) You are in receipt of a copy of The Road Haulage Association Limited Conditions of Carriage 1998.
- iv) Your goods will be insured to a maximum of £1,300 per tonne, £1.30 per kilo. All Risks insurance is available upon request at extra cost.

Signed: _____	Date: _____
Print Name: _____	Position in Company: _____

Please complete, return and forward to : **e-mail accounts@bishopsgate.co.uk or fax: 0208 267 6008**