

CREDIT APPLICATION FORM

COMPANY TRADING NAME		COMPANY REGISTERED NAME	
INVOICE / STATEMENT ADDRESS		REGISTERED NO	
COMPANY STATUS LIMITED / SOLE TRADER / FIRM / PART OF GROUP		DATE ESTABLISHED	
IF SOLE TRADER (please complete) FULL NAME		NATURE OF BUSINESS	
ADDRESS		REQUIRED CREDIT LIMIT	
PROPOSED NUMBER OF PALLETS PER WEEK		SERVICE LEVEL % PREMIUM	
SPECIAL REQUIREMENTS (i.e. purchase order number)		IF FIRM (please complete) LIST ALL PARTNERS	
		IF PART OF GROUP (please complete) PARENT COMPANY NAME PARENT COMPANY REG NO	
		OPERATIONS CONTACT NAME TEL EMAIL	
		ACCOUNTS CONTACT NAME TEL EMAIL	

All goods carried are subject to RHA or CMR Conditions of Carriage (current version). All goods stored subject to RHA Conditions of Storage.

Please note our payment terms are strictly 30 days from end of month of invoice.

Failure to comply with our terms may lead to your account being suspended and action taken to recover the balance.

A copy of our terms and conditions can be found in your rate guide or are available upon request.

We hereby apply for a credit facility and by the act of signing this application I agree as a recognised representative of the Company that we will comply with the Terms and Conditions of ABE (Ledbury) Ltd

Name: _____ Signature: _____
Position: _____

Please provide a company letterhead to facilitate with the processing of your application

How did you hear about ABE? (please tick all that apply)

<input type="checkbox"/>	Vehicle seen in the area	<input type="checkbox"/>	Delivery received on one of our vehicles	<input type="checkbox"/>	Phone call Received	<input type="checkbox"/>	Email Received	<input type="checkbox"/>	Business Networking Event	<input type="checkbox"/>	Leaflet	<input type="checkbox"/>	Pallet Label	<input type="checkbox"/>	<input type="checkbox"/>	Web Search
														<input type="checkbox"/>	Facebook	
														<input type="checkbox"/>	Twitter	
														<input type="checkbox"/>	Linkedin	
														<input type="checkbox"/>	Palletline website	
Recommendation or Referral (please let us know who from so that we can thank them)										OTHER:						

OFFICE USE ONLY

LETTER HEAD RECEIVED	ACCOUNT OPEN LETTER SENT
CREDIT REPORT DONE	COLLECTION REQUEST FORM SENT
CREDIT LIMIT	RATE CARD & MAP SENT
RATE LIST	SALES PERSON
GIT INSURANCE APPROVED £ KG	AUTHORISED BY
	DATE
ACCOUNT CODE OJE	VIGO SAGE ACT