



PROFORMA ACCOUNT APPLICATION FORM



COMPANY TRADING NAME
INVOICE / STATEMENT ADDRESS
COMPANY STATUS LIMITED / SOLE TRADER / FIRM / PART OF GROUP
IF SOLE TRADER (please complete) FULL NAME
ADDRESS
PROFORMA ACCOUNT
SPECIAL REQUIREMENTS (i.e. purchase order number)

COMPANY REGISTERED NAME
REGISTERED NO
DATE ESTABLISHED
NATURE OF BUSINESS
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
PAYMENT 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 before delivery of goods

Failure to comply with our terms may lead to your account being suspended and action taken to recover any outstanding monies
A copy of our terms and conditions can be found in your rate guide or are available upon request.

We hereby apply for a proforma account 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)

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

OFFICE USE ONLY

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