PLEASE RETURN COMPLETED FORM TO:
ABE (Ledbury) Ltd
Bromyard Road
Ledbury
Herefordshire
HR8 1LG
Tel: 01531 633 195 Email: customerservices@abe-ledbury.co.uk

CREDIT APPLICATION FORM

Company Name (In full): _____

Trading Name (if different from above): _____

Full Trading Address_____

Tel. No: _____ **Fax. No**: _____ **E-Mail:** _____

Company Registration No: _____**Date of Incorporation**: _____**VAT Registration No:** _____

Registered Office Address (if different from above) _____

_____

Accounts Payable Contact(s) _____Tel: _____Email _____

Business Details - type of business: PLC Ltd Co Partnership Sole Trader Other (specify)

Description of Goods_____

Closing Time: _____PM **Own Paperwork Required:** Yes/No **Site restrictions or special instructions**_____

Trade References Number 1 _____

Telephone Number _____**Email** _____

Trade References Number 2 _____

Telephone Number _____**Email** _____

Special Invoice requirements: _____**Daily Volumes (# pallets): Collections** _____**Deliveries** ____

Present Carrier: _____**Credit Limit Required (monthly spend): £** _____(GBP £)

Declaration - I/We certify the above information as being correct.

Trading Terms and Conditions: The responsibility of ABE Ledbury Ltd for loss of or damage to goods or any other claims in relation to the consignment is governed by the Road Haulage Association Conditions of Carriage 2026 details of which are attached.

Credit Terms: I/We agree that we shall pay all invoices **within 30 days of invoice date** unless otherwise notified in writing by an authorised official of ABE Ledbury Ltd. Payment is to be made in GB £ (GB Sterling) by BACs or bank transfer in favour of ABE Ledbury Ltd, Barclays bank, **Account code 83991652, Sort code 20-65-82**. Until a Credit Acount has been confirmed in writing, terms remain cash in advance/on request.

I/We confirm we have been notified of and accept the trading conditions of ABE Ledbury Ltd

This form must be signed by a company director or duly authorised signatory.

Authorised Signatory_____ Name (please print) _____

Position in Company: _____ Date: _____

Please attach a copy of your company letterhead.

Authorised by General Manager ABE Ledbury Limited _____

Finance Director _____

Our Ref:_____ **Customer Rates Schedule reference** _____