



CREDIT APPLICATION

BILLING/SHIPPING INFORMATION

Company Name: _____ Registration number _____

Vat Number _____

Registered Address:

Bill Address if Different:

Phone: _____ Fax: _____ Email: _____

BUSINESS INFORMATION

Check One: () Ltd () Partnership () Corporation () Subsidiary of / Division of _____

Years in Operation: _____ Type of Business: _____

Managing Director/CEO: _____ Email: _____

Financial Controller: _____ Email: _____

BANK INFORMATION

Bank: _____ Contact Name: _____

Account No: _____ Phone: _____

Complete Address: _____

TRADE REFERENCES

Please tick who you already have a trading relationship with: -

Linehaul Express	<input type="checkbox"/>	Kangaroo	<input type="checkbox"/>	British Airways	<input type="checkbox"/>
Norsk European	<input type="checkbox"/>	Aramex	<input type="checkbox"/>	BMI	<input type="checkbox"/>
AMI	<input type="checkbox"/>	GDSK	<input type="checkbox"/>	ACP	<input type="checkbox"/>
Independent	<input type="checkbox"/>	Viva	<input type="checkbox"/>	Swiss Post	<input type="checkbox"/>
Other	<input type="checkbox"/>				

CUSTOMER'S AUTHORISATION TO RELEASE BANK AND TRADE INFORMATION

I hereby authorise you to whom this application is made, or your agents, to investigate my/our credit worthiness as you deem necessary.

Prepared by (signature) _____ Title _____ Date _____