



ACCOUNTS APPLICATION FORM

Company Name:		Operations Contact:	
Address:		Operations Tel No:	
		Operations Fax No:	
		E- Mail	
		Accounts Contact:	
		Accounts tel No:	
Postcode:		Accounts Fax No:	
Co Reg No:		E- Mail	

Bank Name:	
Address:	
Postcode:	
Account No:	
Sort Code:	

TRADE REFERENCES

Company Name:		Company Name:	
Address:		Address:	
Postcode:		Postcode:	

No of expected Consignments: Daily Weekly Monthly:

Expected Monthly Credit Required £

DECLARATION BY CREDIT APPLICANT

We hereby request you to open a Credit account.

I being an authorised officer of this business do agree the payment of all accounts will received by Cheetah Couriers Ltd within their stated terms of 30 days from the date of invoice and that I fully accept all goods carried are subject to RHA Conditions Of Carriage 1998

Signed

Position In Company

Print

Date: