



Credit Application Form

Company Details:

Company Name:

Company Registration No:

Trading Name (if different to above):

Trading Business No:

Company Address:

Telephone:

VAT No:

Email Address:

Contact No:

Type of Business:

No of years in business:

Legal form under which the business operates:

Limited DAC Unlimited

Partnership Sole Trader



Operations details:

1st Contact Name:	<input type="text"/>	Email:	<input type="text"/>
Phone Number:	<input type="text"/>		
2nd Contact Name:	<input type="text"/>	Email:	<input type="text"/>
Phone Number:	<input type="text"/>		

Trade Reference 1:

Company Name:	<input type="text"/>
Address:	<input type="text"/>
Contact Name:	<input type="text"/>
Years Trading with Company:	<input type="text"/>
Phone No:	<input type="text"/>
Email:	<input type="text"/>

Trade Reference 2:

Company Name:	<input type="text"/>
Address:	<input type="text"/>
Contact Name:	<input type="text"/>
Years Trading with Company:	<input type="text"/>
Phone No:	<input type="text"/>
Email:	<input type="text"/>

Capital Logistics Limited may use a credit rating agency to verify the company details of customers. If a credit rating cannot be obtained, we will require a copy of the company's latest set of Audited Accounts.

Please sign to indicate that you are aware Capital Logistics Ltd allows credit terms of 30 days from invoice date. Delays in meeting credit term criteria may result in suspension or account closure.

Name:	<input type="text"/>	Signature:	<input type="text"/>
Position:	<input type="text"/>	Seal of Company:	<input type="text"/>