

Oxford Carriers LLP

APPLICATION FOR ACCOUNT FACILITIES

Reg Company Name: _____ Trading Name: _____

Company Number: _____ VAT No: _____

LIMITED CO. / PARTNERSHIP / SOLE TRADER _____

Trading Address

Registered Office Address

Tel: _____

Fax: _____

Accounts Contact: _____

Despatch Contact: _____

Type of goods to be carried: _____

Bank Name: _____

Account Name: _____

Address: _____

Account number: _____

Sort code: _____

Monthly Credit Required: _____

Payment Method: _____

TRADE REFERENCE (Two Required)

Name: _____

Name: _____

Address: _____

Address: _____

Contact: _____

Contact: _____

Phone: _____

Phone: _____

I have received a copy of Oxford carriers LLP trading conditions (RHA 1998) and agree to all transactions being subject to these terms. I believe the details given to be correct.

I request a credit account with Oxford Carriers LLP and undertake to make payment within your credit terms, currently 30 days from date of invoice.

Name: _____

Position: _____

Signature: _____

Date: _____

Must be signed by DIRECTOR / COMPANY SECRETARY / AUTHORISED SIGNATORY / PARTNER / PROPRIETOR.