

CREDIT ACCOUNT APPLICATION FORM

- **PLEASE COMPLETE ALL SECTIONS** - failure to do so may cause a delay in processing your application. Limited companies need not complete the shaded area.
- **PLEASE ATTACH A LETTER HEAD**

TRADING NAME	INVOICE NAME
TRADING ADDRESS	INVOICE ADDRESS
POST CODE	POSTCODE
TELEPHONE NO	TELEPHONE NO
FAX NO	FAX NO
TRADE CONTACT	ACCOUNTS CONTACT
REGISTERED NAME	VAT NO
REGISTERED NO	BUSINESS ACTIVITY
PARENT COMPANY	HOW LONG TRADING

SOLE TRADERS/PARTNERSHIPS – PLEASE COMPLETE PROPRIETORS DETAILS

Please give details of all partners and addresses for the last 5 years (continue on separate sheet if necessary).

The information which you provide may be disclosed to a licensed credit reference agency which will retain a record of any search. It may be used by other lenders in assessing applications from you and other members of your household and for occasional debt tracing and fraud prevention.

SURNAME	DOB	/	/	SURNAME	DOB	/	/
FORENAME(S)				FORENAME(S)			
HOME ADDRESS				HOME ADDRESS			
POSTCODE				POSTCODE			
HOME TELEPHONE NO				HOME TELEPHONE NO			
HOME FAX NO				HOME FAX NO			
LENGTH OF TIME AT THIS ADDRESS	MTHS	YRS		LENGTH OF TIME AT THIS ADDRESS	MTHS	YRS	

PLEASE SUPPLY DETAILS OF 2 COMPANIES THAT WE MAY CONTACT FOR TRADE REFERENCES (excluding associated companies and suppliers of fuel or tyres).

NAME	NAME
ADDRESS	ADDRESS
POST CODE	POST CODE
TELEPHONE NO	TELEPHONE NO
FAX NO	FAX NO

PLEASE SUPPLY YOUR BANK DETAILS

NAME OF BANK	ADDRESS
SORT CODE	
ACCOUNT NO	

TERMS OF CREDIT – 30 DAYS AFTER MONTH OF INVOICE. CONDITIONS OF CARRIAGE AND STORAGE AS PER RHA 1998
I/WE AGREE TO THE TERMS OF CREDIT AND TO YOUR TERMS AND CONDITIONS OF TRADING

SIGNED:	POSITION:
PRINT NAME:	DATE:



D. Moody (Haulage) Ltd.

BOLAM BUSINESS PARK BASSINGTON DRIVE CRAMLINGTON NORTHUMBERLAND NE23 8AD

TEL 01670 710060 FAX 01670 710061 (OPERATIONS) 01670 710062 (ADMIN. / ACCOUNTS)

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