



Credit Application Form

Please return urgently as no work can be undertaken before the completed application form has been approved and credit limit set. Please supply a specimen of your company letterhead paper with this application.

Company Details:

Full Company Name: _____

Trading Name (if Different): _____

Company Registration Number: _____

Company VAT Number: _____

Number of Years Trading: _____

Registered Office Address: _____

Invoice Address if Different: _____

Telephone & Fax Number: _____

Trade Contact Email: _____

Accounts Contact Email: _____

(Please be aware that all statements and invoices will be emailed)

Is this a Limited Company, Sole Trader or Partnership? : _____

Credit Limit Required: _____

Bank Details:

Bank: _____

Bank Address: _____

Account Name: _____

Account Number: _____

Trade References:

(1)

Name: _____

Address: _____

Telephone & Fax Number: _____

Monthly Credit Facility: _____

Terms: _____

(2)

Name: _____

Address: _____

Telephone & Fax Number: _____

Monthly Credit Facility: _____

Terms: _____

Credit accounts shall be supplied strictly 30 days from end of month traded

- **All Goods Carried Under FTAI Conditions and CMR (2009) Conditions of Carriage**
- **Credit Reporting and Credit Checks will be Completed as a Standard Term of Account**
- **I accept the above terms of transit and agree to pay our account as per Perennial Freight Limited Terms and Conditions for holding or availing of a credit account which I have reviewed and aware that they can be found on <https://perennialfreight.com/wp-content/uploads/Credit-Application-Form.pdf>**

Signed: _____

Date: _____

Print Name: _____

Position: _____