



## CREDIT APPLICATION FORM

Company Name:

Address:

  
  

Telephone No:

Fax No:

Registered Office:  
(If different)

Registered No:

E-mail Address:

Type of Business Conducted:

Accounts Payable Contact:  
Email addr & D/Dial no:

Requested Credit Facilities Monthly

£

VAT EXEMPT: YES / NO

If yes, please quote VAT No., Authorisation No. & attach copy of Authorisation Form

VAT No.

Authorisation No.

Please advise of any specific invoicing requirements.

Estimated monthly credit required :



REFERENCES: (Current Suppliers you have credit with for 18 months or more)

(A)  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Average Monthly credit : \_\_\_\_\_ Fax No: \_\_\_\_\_  
Contact: \_\_\_\_\_

(B)  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Average monthly credit: \_\_\_\_\_ Fax No: \_\_\_\_\_  
Contact: \_\_\_\_\_

Bankers: \_\_\_\_\_  
Branch: \_\_\_\_\_  
IBAN: \_\_\_\_\_ Sort Code: \_\_\_\_\_  
Account No: \_\_\_\_\_

*I hereby certify that the information supplied is, to the best of my knowledge, accurate and correct. I agree that if my application is successful to be bound by the Terms and Conditions of Sale of IPS Groupage Ltd .*

**CREDIT CONDITIONS:**

1. **Terms of Payment are strictly 30 days from end of month.**
2. **NB: Payment for full load containers 21 days from arrival into port.**
3. **Our Statement should be considered as a Final Demand for Payment.**
4. **Credit may be revoked at any time.**
5. **Payment of account may not be held against insurance claims.**

Signature of Applicant: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

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