

CREDIT ACCOUNT APPLICATION
Please Complete Fully Using Block Capital Letters

CUSTOMER INFORMATION

Company Name _____

Registered No. _____ Email _____

Registered Address _____

Town _____ Postcode _____

Telephone _____ Fax No: _____

Invoice Address _____

Town _____ Postcode _____

Telephone _____ Fax No: _____

CONTACT DETAILS

Operations Contact _____ Position _____

Telephone _____ Email _____

Accounts Contact _____ Position _____

Telephone _____ Email _____

PREFERRED METHOD OF PAYMENT

Visa/MasterCard Credit Card No: _____

Expiry Date _____ Cardholders Name _____

Cardholder sign below to authorise payments _____

Your credit card will be charged 14 days after an Invoice is sent.

Cheque • BACS • (Barclays Bank, Whitechapel. 20-57-06
B&Y Couriers Ltd. 10177121)

BOOKING REFERENCE

Do you require reference to be taken at the time of the booking? Please state the format
Example

Department Reference Caller Name Format _____

CUSTOMER DECLARATION

I declare that all of the above information is true to my understanding and that I shall comply with the B&Y Couriers Terms & Conditions of Service that have been made available to me. Furthermore, I confirm that all invoices shall be paid within 14 days of the invoice date, and that if my account is not settled within this timeframe, I accept payment penalties will be applied to my account. I attach a copy of our letterhead with details of 2 supplier referees.

Signed: _____ Date _____

Name: _____ Position _____