



Application for Trade Credit

About You ("The Customer")

Business Name	
Business Address	
Postcode	
Business Legal Status	Sole Trader [<input type="checkbox"/>] Partnership [<input type="checkbox"/>] Limited Co [<input type="checkbox"/>] Other [<input type="checkbox"/>]
Company Registration Number (if applicable)	
VAT Registration Number	
Business Telephone Number	
Business Fax Number	
Website URL	
Contact Name	
Job Title	
Phone Number	
Email	
How Will You Pay?	Cash [<input type="checkbox"/>] Cheque [<input type="checkbox"/>] BACS [<input type="checkbox"/>] Other [<input type="checkbox"/>]
Do You Operate a Purchase Order System?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]

Your Bank

Name of Bank	
Branch Address	
Postcode	
Account Number	
Sort code	

Your References (Two Suppliers)

Name of Company	
Length Of Time Trading With This Company	Under 6 months [] 6 to 12 months [] Longer than 12 months []
Contact Name	
Company Address	
Postcode	
Telephone Number	
Email Address	

Name of Company	
Length Of Time Trading With This Company	Under 6 months [] 6 to 12 months [] Longer than 12 months []
Contact Name	
Company Address	
Postcode	
Telephone Number	
Email Address	

Authorisation

I confirm that

- (a) I am authorised to sign this form on behalf of The Customer
- (b) The above information is correct
- (c) The Customer authorises Nortons Hiab Services Ltd to obtain The Customer's financial information from the Bank and Trade References listed above
- (d) The Customer agrees that its business with Nortons Hiab Services Ltd will be subject to the Freight Transport Association Conditions For The Carriage Of Goods By Road In The United Kingdom 2002 and you have read and understood these Conditions. Payment terms are strictly 30 days from date of invoice.

Signature and Date	
Name of signatory	
Position of signatory	

**Please fax the completed form to our Accounts Department
0161 205 5585 or accounts@nortonsservices.co.uk**