

ACTIVE CARRIERS LTD

CREDIT ACCOUNT APPLICATION FORM

APPLICANTS NAME _____

COMPANY NAME _____

ADDRESS _____

TEL NO _____ FAX NO _____

EMAIL _____

VAT REG NO _____

SUPPLIERS REFERENCES

1) Name of company _____

Address _____

Tel No _____ Fax No _____

2) Name of company _____

Address _____

Tel No _____ Fax No _____

BANK DETAILS

Name of Bank _____

Branch address _____

Sort code _____ Account No _____

Amount of credit required per month £ _____

All invoices are due for payment 30 days from month end.
All goods are carried as per RHA TERMS AND CONDITIONS OF CARRIAGE 1998,
Copies of which have been provided.

Fuel surcharge 3%

Signed _____ Position _____

Print _____ Date _____