



Credit Application Form

Section 1. Contact Details

Date

Note. This document should be filled out using black ink and written in block capitals

Company Trading Name

Registered Address

Billing Address (If different)

Postal Code

Postal Code

Main telephone

Accounts Contact

Operations/Alternative Contact

Accounts E-mail

Operations E-mail

Company Registration Number

Date of Incorporation

VAT Number

Section 2. Financial

Monthly credit request

Note. Linkline Express Services may carry out credit checks using a credit reference agency. Credit may be based on current credit score and individual assessment. If the request for credit is declined, other methods of payment may be recommended

Name of Bank

Branch details

Sort Code

Acc No.

Section 3. Your requirement

Help us understand your requirement and the nature of your freight profile.

Do you have a daily collection requirement Yes No If no, please tick which days are applicable Mon Tue Wed Thur Fri Sporadic

Typically, how many Consignments per:

Day Week

Describe the nature of your business

Are your customers residential or business

Residential Business Both

Are your goods any of the following

Flammable Ceramic Porcelain
Hazardous Glass High Value

Section 4. Declaration

I confirm the above information to be accurate, and that I am authorised to request a credit facility on behalf of the company. I acknowledge that credit facilities, where granted, will be on a strict end of month following date of invoice basis, unless otherwise notified in writing. All goods carried under the RHA 2009 terms & conditions of carriage. (Copies available on request)

Signed..... Print Position in company.....