

MATTHEWS HAULAGE LTD

MEAD LANE, HERTFORD, HERTS, SG13 7BB Tel: 01992 553737 Fax: 01992 551360

email: sales@matthewshaulage.co.uk www.matthewshaulage.co.uk

APPLICATION FOR COMMERCIAL CREDIT

(Please Complete and Fax back to 01992 551360 or scan and email to sales@matthewshaulage.co.uk)

| | |
|------------------------------|--|
| Company Name | |
| Address Line 1 | |
| Address Line 2 | |
| Address Line 3 | |
| Address Line 4 | |
| Address Line 5 | |
| Post Code | |
| Telephone No: | |
| Fax No: | |
| Company Reg No: | |
| Accounts Contact: | |
| Accounts Email: | |
| VAT Reg No: | |
| Type of Business: | |
| Reg Office Address 1 | |
| Address Line 2 | |
| Address Line 3 | |
| Address Line 4 | |
| Address Line 5 | |
| Post Code | |
| Year of Incorporation | |
| Annual Sales | |



~ Haulage Excellence ~

Directors:- T.S.Matthews, N.P.Matthews, T.P.Brown

Company Reg No. 1220946



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IF SOLE TRADER/PARTNERSHIP PLEASE PROVIDE FULL NAMES, HOME ADDRESSES & TELEPHONE NUMBERS OF ALL PARTNERS

| | | | |
|--------------------------------------|--|--|--|
| Name: | | | |
| Address Line 1 | | | |
| Address Line 2 | | | |
| Address Line 3 | | | |
| Address Line 4 | | | |
| Address Line 5 | | | |
| Post Code | | | |
| Telephone No | | | |
| Principal Nature of Business: | | | |
| How Long Trading: | | | |
| Annual Sales: | | | |

DATA PROTECTION ACT 1998

“We may make a search with a credit reference agency, which will keep a record of that search and will share information with other businesses. We may also make enquiries about the principal directors with a credit reference agency”

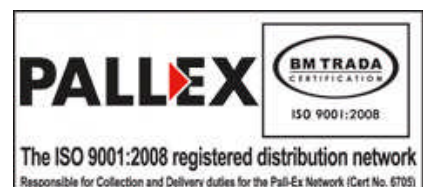
| | |
|-----------------------|--|
| Bankers Name | |
| Address Line 1 | |
| Address Line 2 | |
| Address Line 3 | |
| Address Line 4 | |
| Address Line 5 | |
| Post Code | |
| Account Number | |
| Sort Code | |



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I/WE AGREE THE CREDIT ACCOUNT FACILITY WILL BE ON YOUR STATED TERMS AND CONDITIONS AND THAT ADHERENCE TO THIS OBLIGATION IS THE ESSENCE OF THE CONTRACT BETWEEN US.

I/WE AUTHORISE OUR BANKERS TO PROVIDE A BANKERS' OPINION AS TO OUR SUITABILITY FOR THE ABOVE ACCOUNT

| | |
|---------------------------|--|
| Signed: | |
| Full Name: | |
| Position: | |
| For and behalf of: | |
| Date: | |

OUR CREDIT TERMS:-

Payment must be received by the 30th day of the month following date of invoice. Invoices are generally issued weekly and any queries must be raised upon receipt of them not when they are due for payment.



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