

New Customer Credit Application

Part 1



Credit Information

Company Name

Trading Style (tick one)

LTD Company Sole proprietor Partnership Government/Charity

Invoice Address

Registered Address

If different from above

Statement Address

From which payments will be made, if different from above

Email Address

 Please communicate with me primarily by email

Proprietor's Details (1)

Must be completed for non-LTD companies

 Name D.O.B. Home address Postcode

Proprietor's Details (2)

 Name D.O.B. Home address Postcode

Company Details

 Credit limit requested (£) Turnover (£) LTD Company reg. no. VAT registered Y / N VAT reg. no. How long has your Company been established? Years No. of employees Nature of business Postcode Is your company a member of a larger group? Y / N Group name

Bank Account

 Account name Name of Bank

Trade Reference (1)

Must be completed

 Name Address Telephone Postcode

Trade Reference (2)

Must be completed

 Name Address Telephone Postcode

Data Protection Notice

We will make a search with a credit reference agency, which will keep a record of that search and will share that information with other businesses. We may also make enquiries about the principal directors with a credit reference agency. We will monitor and record information relating to your trade performance and such records will be made available to credit reference agencies, who will share that information with other businesses in assessing applications for credit and fraud prevention. If you do not wish for us to carry out such a search or share data, please do not complete this form. To the extent that you supply sensitive information then it will be kept in accordance with the Data Protection Act.

I understand the above notice and agree to its terms

Please turn over to complete form

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Part 2



Contact & Site Information

Main Contact

Name				
Role	Management <input type="checkbox"/>	Buyer <input type="checkbox"/>	Logistics <input type="checkbox"/>	
	Sales/Marketing <input type="checkbox"/>	Finance/Accounts <input type="checkbox"/>	Other <input type="text"/>	
Telephone		Email		
Preferred communication	Email <input type="checkbox"/>	SMS <input type="checkbox"/>	Telephone <input type="checkbox"/>	Post <input type="checkbox"/>

Accounts Contact

If different from above

Name				
Role	Management <input type="checkbox"/>	Buyer <input type="checkbox"/>	Logistics <input type="checkbox"/>	
	Sales/Marketing <input type="checkbox"/>	Finance/Accounts <input type="checkbox"/>	Other <input type="text"/>	
Telephone		Email		
Preferred communication	Email <input type="checkbox"/>	SMS <input type="checkbox"/>	Telephone <input type="checkbox"/>	Post <input type="checkbox"/>

'Goods in' Contact

If different from above

Name				
Role	Management <input type="checkbox"/>	Buyer <input type="checkbox"/>	Logistics <input type="checkbox"/>	
	Sales/Marketing <input type="checkbox"/>	Finance/Accounts <input type="checkbox"/>	Other <input type="text"/>	
Telephone		Email		
Preferred communication	Email <input type="checkbox"/>	SMS <input type="checkbox"/>	Telephone <input type="checkbox"/>	Post <input type="checkbox"/>

Site Information

Opening times	M-F	Sat	Sun								
Primary type of goods delivered		Parcels <input type="checkbox"/>	Pallets <input type="checkbox"/>	Large freight <input type="checkbox"/>							
Please describe any vehicle access issues at your site, eg. narrow roads, pedestrian areas	<input type="text"/>										
Please describe any challenging terrain around your site, eg. steep hills, uneven surface	<input type="text"/>										
Please describe any restrictions on delivery to your site, eg. vehicle height/weight, timing	<input type="text"/>										
Are you prepared to help our drivers in making deliveries, eg. lifting, carrying goods?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Do you have any mechanical handing equipment to assist in offloading?	Y <input type="checkbox"/>	N <input type="checkbox"/>						
Do you have Dock levellers?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Do you accept pallet delivery?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Do you require a tail-lift delivery?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Can you offload from the side of the vehicle?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Please provide any other information which might be useful to our drivers	<input type="text"/>										

Declaration

I/we acknowledge and accept the terms and conditions of business of M & H Carriers Ltd and wish to apply for a credit account. We agree to pay all Invoices within 30 days from the date of Invoice. I/we also agree to the M&H Terms and Conditions of business as listed on the www.mhcarriers.co.uk website.

Signature:	Date
Print Name	Position