



CREDIT APPLICATION FORM
 Email: accounts@bstrailers.co.uk
www.bstrailers.com
 Tel: 01525 379995
 Fax: 01525 379991

COMPANY DETAILS

Full Trading name		Date	
Address line 1			
Address line 2			
Town		Type of business	
Country		No.years trading	
Post Code		VAT Reg No	
STATUS (Limited co/Sole Trader)		Web site Address	
Company Reg No		Date of Incorporation	
Telephone Number		Contact Name (<i>person completing form</i>)	
Fax Number		Email Address	
Mobile Number		Position	

INSURANCE DETAILS AND OPERATORS LIC NO

Insurers Name (<i>not broker</i>)		Policy No	
Address Line 1		Contact Name	
Address Line 2		Expiry Date	
Post Code		Telephone Number	
Operators Lic No		Expire Date of OP's Licence	

MAINTENANCE OF VEHICLES

Name of Transport Manager		Mobile Number	
service Cycle required for trailers		Telephone Number	
Contact Details for Operations (<i>servicing of trailer</i>)		Contact Email Address for estimates and servicing	

Customer can access online, their fleet information, MOT, Service sheets, History ect Do you require access? YES/NO

CREDIT TERMS

PLEASE NOTE OUR PAYMENT TERMS ARE STRICTLY 30 DAYS FROM INVOICE DATE SUBJECT TO CREDIT APPROVAL WE WILL ONLY AGREE TO A CHANGE IN PAYMENT TERMS FROM 30 DAYS WITH PRIOR WRITTEN APPROVAL

Do you agree to these terms?		If not what payment terms are you requesting?	
Name of authorised Office of Company			

REFERENCES			
FOR ALL APPLICATIONS WE REQUIRE TWO CREDIT REFERENCES. THESE MUST BE COMPANIES WHO SUPPLY YOU WITH GOODS ON A CREDIT BASIS AND MUST NOT BE FUEL, TYRE OR INSURANCE COMPANIES			

<i>CREDIT REFERENCE 1</i>		<i>CREDIT REFERENCE 2</i>	
Company Name:		Company Name:	
Address line 1		Address line 1	
Address line 2		Address line 2	
Town		Town	
Country		Country	
Post code		Post Code	
Tel Number		Tel Number	
Contact Name		Contact Name	
Contact Email		Contact Email	

BILLING			
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Do we need order Numbers for invoices		Email Address for Order numbers	
Name of person to contact for order numbers		Telephone Numbers	
Billing cycle for Invoice ie: Weekly/Calendar Monthly		Invoice Address:	

BANKING			
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Bank Details:		Bank Address:	
Account Number		Address Line 1	
Account Sort code		Address Line 2	
Account Name		Town	
		Country	

PLEASE NOTE THAT WE HAVE A PAPERLESS SYSTEM, THEREFORE ALL INVOICES WILL BE EMAILED			
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INVOICING			
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Email address for invoices		Accounts Contact Name	
Email address for statements		Accounts Contact Tel Number	
Invoice Address:			
Address line 1		Country	
Town		Post Code	

AN ACCOUNT WILL NOT BE OPENED UNTIL WE RECEIVE A VALID COPY OF YOUR INSURANCE AND 'O' LICENCE			
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HEAD OFFICE USE ONLY			
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<i>Approved/Rejected</i>		<i>Account No Allocated</i>	
<i>Credit Limit Approved</i>			
<i>Date</i>		<i>Signed</i>	
<i>Comments</i>		<i>Date Opened</i>	
<i>Approved by</i>			