



OFFICE USE ONLY	
Date:	
Credit Score:	
Rec. Credit Limit:	
Credit Limit Granted:	
Payment Terms Granted:	

Account & Credit Application Form

Please complete the form below & return by email to operations@akaltransport.co.uk

COMPANY & CONTACT INFORMATION			
Company Name:			
Company Registration Number:			
Trading Address:			
Town:	County:	Postcode:	
Registered Address <i>(If differs to Trading Address)</i>			
Telephone Number:		Email:	
Credit Amount Requested:		£	
Company Contact:		Email:	
Accounts Contact:		Email:	

BUSINESS/TRADE REFERENCES			
Company Name:			
Address:			
Town:	County:	Postcode:	
Phone:		Email:	
Company Name:			
Address:			
Town:	County:	Postcode:	
Phone:		Email:	

AGREEMENT	
<p>All invoices are to be paid 30 days from the date of the invoice. All transactions & services are undertaken subject to RHA Conditions of Carriage 2009. By submitting this application, you authorise " " Ltd to make inquiries with business/trade references supplied. We may also carry out a credit check with a credit reference agency.</p>	
<p><i>By signing below you are agreeing the acknowledgement & acceptance of Akal Transport Ltd's Terms & Conditions.</i></p>	
SIGNATURE	
Name:	
Position:	
Signature:	
Date:	

Akal Transport Ltd
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 Registered in England and Wales No:
 Standard Trading conditions copies available on request. All goods carried subject to RHA Conditions of Carriage 2009