



Universal Delivery Solutions

Our reputation is your guarantee

CREDIT ACCOUNT APPLICATION FORM

Company Details:

Name:

Address:

Telephone:

Fax:

Email:

PLC / Limited Company / Partnership / Sole Trader / Other (specify) (Type NA if not applicable)

Address of Registered Office:

Company Reg. No.:

Nature of Business:

VAT No.:

EORI No.:

Directors/Principals
Names:

Credit Terms: 14 days from invoice date

Credit limit applied for:

Accounts Contact Name:

Invoice address:

Bank Details:

Bank Name & Address:

Account Name:

Sort code:

Account Number:

Two Trade References:

Name:

Name:

Address:

Address:

Telephone:

Telephone:

Special Requirements (Please state any special instructions i.e. booking references, order numbers, contact names, etc.)

Declaration (To be signed by an authorised signatory) Director/Partner/Shareholder

I hereby request a credit account and confirm I have read and accept the companies Terms & Conditions accompanying this application form. I attach a copy of our company letter-heading.

Name:

Position:

Signature:

Date:

Contact us: +44 20 8848 3308

Or drop us a mail at sales@udsw.com | info@udsw.com