



CREDIT APPLICATION FORM

ACCEPTANCE OF TERMS & CONDITIONS OF TRADING

Please complete all sections in BLOCK CAPITALS writing NONE where applicable.

Section 1. Company Trading Details

Company Name:			
Address:			
Town/City:		Post Code:	
Registered No:			
Accounts Dept Tel No:		Accounts Dept Fax No:	
VAT Registration No:	TURN:	DAN:	
Name Of Contact (1):	<i>For Purchase Orders</i>		
Name Of Contact (2):	<i>For Accounts Payable</i>		
Registered Address: (If different to above)			
Town/City:		Post Code:	

Section 2. Address for Invoices and/or Statements *

Postal Address: (If different from Section 1)			
Town/City:		Post Code:	
Tel No:		Fax No:	
This Address is our Head Office: <input type="checkbox"/> For Invoices: <input type="checkbox"/> For Statements: <input type="checkbox"/> (Please Tick As Appropriate)			
<i>* We normally send our Invoices and Statements via E-Mail as PDF Attachments; therefore please supply valid E-Mail addresses for this purpose.</i>			
E-Mail Address for Invoices:			
E-Mail Address for Statements:			

Section 3. Contact Details

Web Site Address:	
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Please give details of main contacts within your organization

Name:	Position:	E-Mail Address:

Please continue overleaf

Section 4. Banking Details

Name Of Bank:				
Address:				
Town/City:		Post Code:		
Account No:		Sort Code:	- -	Years (Account Held):

Section 5. Trade References

(1) Supplier:				
Address:				
Town/City:		Post Code:		
Tel No:		Fax No:		
(2) Supplier:				
Address:				
Town/City:		Post Code:		
Tel No:		Fax No:		

Section 6. Declaration

<p>1. We hereby confirm acceptance of your current Terms and Conditions of Trading and request that a Credit Account be opened in our name.</p> <p>2. We understand that you may carry out a search through Credit Reference Agencies who will keep a record of that search and may share that information with other businesses. The Credit Reference Agencies may also make enquires about the directors/partners, as applicable.</p> <p>3. We hereby authorize our bankers to provide an opinion as to our suitability for the requested account.</p> <p>4. We understand that our goods are NOT insured by Laser Transport International Limited.</p> <p>5. Please <i>provide/do not provide</i>* details of an Insurer who is able to provide All Risks Transit Insurance. * Please delete as appropriate.</p>

Credit Required Per Month £		Signed:		Date:	
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Full Name:		Position in Company:	
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Payment by BACS to: HSBC PLC, 41 Sandgate Road, Folkestone, Kent CT20 1SA

Sort Code 40-21-15 Account Number 71200356

Please return completed form to our Hythe Headquarters:

Laser Transport International Limited
Lympne Distribution Park
Hythe
Kent
CT21 4LR

Tel: +44 (0)1303 260471 - Fax: +44 (0)1303 264851

E-Mail: accounts@laserint.co.uk

Branch Offices: Swindon & Coventry

<http://www.laserint.co.uk>