



Application for Credit Account

Please Fax the completed form to the Commercial Dept for prompt attention

Trading Name		Registered Name (If different)	
Main Address		Registered Office Address	
Postcode		Postcode	
Tel No.	Fax No.	Tel No.	Fax No.

If you have any other branches that requires separate accounts please advise

Invoicing Address (If different)	Contact Name (for invoicing)	
	Job Title	
	Tel No.	Fax No.
Postcode		

Names of Executives	Job Title	Type of Organisation (e.g. Partnership, Limited Co. etc)	
		Date of Formation / /	Date of Financial year End Day / Month
Names of Ops/Export Contact	Ops/Exports E-mail address	Company Registration No.	
		Country of Registration	
Anticipated Monthly Spend	USD	Are you registered for VAT (If Applicable .)	

Bank Name	Account No.	Sort Code/Reference
Bank Address	Name of Account	
Postcode	How Long have you held this Account ?	
I, an authorising signatory to the above bank account give permission to our bankers to provide a credit reference to: Heavyweight Air Express		Signed:

Trade Ref 1 Company Name	Trade Ref 2 Company Name
Address	Address
Postcode	Postcode
Main trading activity?	Period as customer?
Contact Name	Tel. No.
	Fax. No.

Declaration

I/We hereby request you to open a credit account
I, being an Authorised signatory of the business, agree that payment of accounts, will be received by Heavyweight Air Express within **14 days** of receipt of invoice and acknowledge that our adherence to this obligation is of the essence in this contract between us.

Full name of person authorising application	Signature
Job Title	Date of Application