



Credit Application Form



ACCOUNT APPLICATION FORM

LIMITED COMPANIES PLEASE COMPLETE BOXES 1, 2, 4, 5 & ATTACH LETTERHEAD

SOLETRADERS / PARTNERSHIPS PLEASE COMPLETE BOXES 1, 3, 4, 5 & ATTACH LETTERHEAD

1. DETAILS OF BUSINESS

TRADING NAME	TEL
INVOICE ADDRESS.....	POSTCODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
REGISTERED OFFICE ADDRESS.....	POSTCODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
BUSINESS ACTIVITY	HOW LONG TRADING?

2. LIMITED COMPANIES ONLY

REGISTERED NAME	REGISTERED NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
PARENT COMPANY	REGISTERED NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

3. PROPRIETORS DETAILS PLEASE DETAIL ALL ADDRESSES WITHIN THE LAST FIVE YEARS. CONTINUE ON SEPARATE SHEET IF NECESSARY.

TYPE OF BUSINESS: PARTNERSHIP SOLETRADER (PLEASE TICK BOX)

SURNAME FORENAMES DATE OF BIRTH - -

ADDRESS

POSTCODE

PREVIOUS.....

POSTCODE

SURNAME FORENAMES DATE OF BIRTH - -

ADDRESS

POSTCODE

PREVIOUS.....

POSTCODE

4. SUPPLIER REFERENCES (WE DO NOT ACCEPT ASSOCIATED COMPANIES OR SUPPLIERS OF FUEL OR TYRES)

1. COMPANY.....	TEL.....	FAX
ADDRESS	POSTCODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
2. COMPANY.....	TEL.....	FAX
ADDRESS	POSTCODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
BANK	SORT CODE <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	
ADDRESS	ACCOUNT NO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

5. ACCEPTANCE OF TERMS / DATA PROTECTION (TO BE SIGNED BY DIRECTOR / PROPRIETOR ONLY)

I / we have read and agree to Axis Intermodal (UK) Ltd standard credit terms which are rental monthly in advance by Direct Debit and all other charges within 28 days of the date of the applicable invoice, unless otherwise agreed in writing, and confirm that I am an authorised signatory of the company named in section 1 and 2 above.

I / we understand and agree that occasional searches may be made with a credit reference agency who will keep a record of that search, including searches on principal directors. Information regarding the account may be monitored, recorded and shared with credit reference agencies and other companies and used for the purposes of credit assessment, marketing, fraud prevention and debt recovery.

SIGNED

PRINT..... DATE

Director Proprietor Partner

SIGNED.....

PRINT..... DATE

Director Proprietor Partner



To help communications between our companies, please supply the following information.

Transport Manager

Name:
Direct Tel:
E-mail:

Purchase Ledger Contact

Name:
Direct Tel:
E-mail:

Finance Director

Name:
Direct Tel:
E-mail:

To help understand your fleet requirements, how many of the following do you operate?

7.5 Ton Box:
14 Ton Rigid Box / Curtain:
18 Ton C/S, Box:
26 Ton C/S, Box:
Fridge Trailers – Single: Double:
C/S Trailers – Single: Double:
Box Trailers – Single: Double:
4 x 2:
6 x 2:
Sliders / Fix Pin:
Who else supplies your vehicles at the moment?
.....
.....

INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT



Originator's Identification Number

9	1	2	7	5	5
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Name and full postal address of your Bank/Building Society

To: The Manager Bank or Building Society
Address:
Postcode:

Name(s) of account holder(s)

.....

Reference (office use only)

.....

Branch Sort Code

□□□ – □□□ – □□□

Bank or Building Society Account Number

□□□□□□□□

Instruction to your Bank or Building Society
Please pay Axis Intermodal UK Ltd

Signature: Date:
Signature: Date:

Direct Debits from the account detailed on this instruction are subject to the safeguards assured by The Direct Debit Guarantee.

Banks and Building Societies may not accept Direct Debit instructions for some types of accounts.

The Direct Debit Guarantee

- n This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank and Building Society.
- n If the amounts to be paid or the payment dates change L. B. Camden will notify you 10 working days in advance of your account being debited or as otherwise agreed.

(This guarantee should be detached & retained by the payee)

- n If an error is made by L. B. Camden or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- n You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

FOR OFFICE USE ONLY

TERMS (tick box)		PAYMENT METHOD (tick box)		ANTICIPATED MONTHLY SPEND £
<input type="checkbox"/> PAYMENT IN ADVANCE	<input type="checkbox"/> STANDARD TERMS	<input type="checkbox"/> DIRECT DEBIT	<input type="checkbox"/> CHEQUE	CREDIT LIMIT £
<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER		
CHECKLIST				
<input type="checkbox"/> D.D. SIGNED	<input type="checkbox"/> LETTERHEAD	<input type="checkbox"/> SUPPLIER REF. RECEIVED	<input type="checkbox"/> CREDIT CHECK COMPLETED	<input type="checkbox"/> DEPOSIT RECEIVED
BM <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	AUTHORISATION			
ADDITIONAL INFORMATION				

Axis Intermodal (UK) Limited
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