

APPLICATION FOR CREDIT ACCOUNT

Which Company do you want to open an account with?

✓ Please tick required companies

Richardson Haulage _____ Richardson Recycling _____ Both _____

Customer Full Trading Name:

Registered Office Address:

(or for partnership, please state name and private address of partners)

Invoice / Accounts Address:

Telephone Number:

Mobile Number:

Fax Number:

email address:

Number of Years Established:

Company Registration Number:

Monthly Credit Limit Required:



Bank Reference: _____

Bank name and address,
account number, sort code
And approx. time with bank _____

Trade Reference No 1 _____

Name, address, phone
and fax number: _____

Trade Reference No 2 _____

Name, address, phone
and fax number: _____

PLEASE NOTE - Our standard terms of payment are Net 30 days.

Signed: _____

Print: _____

Position: _____

Date: _____

Please let us know where you heard of us

Recommendation / Website / Yell / Info. on vehicle / Other – Where? _____

Please complete and sign the application then return to;

FAO Tina Bailey
Unit G
Camilla Court
Nacton
Ipswich
Suffolk
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email tina@richardsongrabhire.co.uk