

# CREDIT APPLICATION FORM



CAB FREIGHT SERVICES, YARD 4,  
 JAMESTOWN BUSINESS PARK, FINGLAS, DUBLIN 11.  
 Tel: +353 1 864 1800 Email: info@cabfreight.ie

PROPOSED BY:

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COMPANY DETAILS:		
COMPANY NAME	COMPANY PHONE No.	COMPANY FAX No.
TRADING NAME	COMPANY EMAIL	COMPANY REG No.
ADDRESS	VAT13B REG No.	MONTHLY CREDIT REQUIRED
CONTACT PERSON - ACCOUNTS PAYABLE		
	CONTACT EMAIL	CONTACT PHONE No.

TRADE REFERENCE NAME 1	
SUPPLIER NAME	CONTACT NAME
ADDRESS	PHONE
	FAX
	EMAIL

TRADE REFERENCE NAME 2	
SUPPLIER NAME	CONTACT NAME
ADDRESS	PHONE
	FAX
	EMAIL

BANK DETAILS	
BANK NAME & ADDRESS	NAME AND BANK ACCOUNT
	BIC
	IBAN

**IMPORTANT INFORMATION - CREDIT TERMS:** **1.** All invoices become due 30 days from end of month. **2.** All business transacted is subject to our terms and conditions of carriage. **3.** We draw your attention to clauses 11 through 19 of our conditions which strictly limit our liability where goods are lost or damaged. **4.** We do not insure your goods. 'All risks' insurance can be arranged upon written instruction and subject to payment of the associated insurance premium. **5.** Insurance claims are handled by us/ our brokers and payments may not be withheld against any outstanding claims.

We thank you for your business and look forward to working together into the future.

I HEREBY ACKNOWLEDGE THE ABOVE, WHICH I HAVE READ, UNDERSTAND AND ACCEPT:	
SIGNED ( DIRECTOR / SECRETARY )	DATE