



New Customer Account Application Form

Full Company Name

Co. Registration Number

vat No.

Parent Company/Group name

Main Trading Office

Registered Office (If Different)

Nature Of Business

How Long Established

Main Tel. No.

FAX No.

Finance Contact Name

Purchase Contact Name

Expected Purchase Volume

Credit Limit Sought

Bank

Bank Address

Account Name

Sort Code

BIC No.

IBAN No.

Trade Reference Name 1.

Address

Tel. No.

Trade Reference Name 2.

Address

Tel. No.

Please open a trade credit account in the above applicant's name. We undertake to honour CAB Freight Services payment terms of 30 days from delivery, and understand that credit facilities may be suspended or revoked in the event of late payment, and adhere to the terms and conditions of supply. I confirm I have made myself aware and understand the CAB Freight Conditions of Carriage and I am authorised to make this application and enter these commitments.

Signed: _____

Date: _____ / _____ / _____

Name: _____

Position: _____