

CREDIT APPLICATION FORM

Please provide the following information by return fax 00353 5677 29301 or email info@waltontransport.com



Full Trading Name & Address

Accounts Department Address
(If Different)

Telephone No.

Fax No.

Email

Contact A/c Payable

Tel No.

Fax No.

Company Registration No.

Vat No.

Bank Name & Address

Account No.

Sort Code

BACS

Referees Name & Address

Referees

Tel No.

Fax No.

Tel No.

Fax No.

Do you require signed POD's returned

Please tick one () yes () no ()

Do you require Pallet Control
Vouchers (PCV), returned

Please tick one () yes () no ()

OUR CREDIT TERMS ARE STRICTLY 30 DAYS

WE HERE AGREE TO YOUR CREDIT TERMS ABOVE

Signature _____

Print Name _____

Position _____

Date _____