## **International Freight Solutions Ltd** 10 Hydra House, Hydra Business Park

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Tel: +44 (0)1709 610000

Authorised By:

Date:

Accounts Email: accounts@intfreight.co.uk



## APPLICATION FOR CREDIT FACILITY To be completed in DI COM CARITAL C

To be completed in	BLOCK CAPITALS.	
Company Details		
Contact Name:	Telephone No	:
Company Name:	Company Reg. No	:
Company Type:	Company VAT No	:
Company Address:		
Post Code:	E-mail Address	:
Invoicing Details		
Invoicing Address:		
(If different to above)		
Post Code:	Accounts Contact	
Accounts Email:	Telephone No	
	Please complete <b>two</b> trade references who we may contact)	·I
Company Name:	Company Name:	
Company Address:	Company Address:	
, , , , , , , , , , , , , , , , , , , ,		
Post Code:	Post Code:	
Accounts Contact:	Accounts Contact:	
our behalf. Direct Debit facili We reserve the right to charg Terms and Conditions of Ca	age (and sub-contracted) only subject to the BRITISH INTERNATIONAL F	bank transfer, cheque or Credit Card. and base rate.
	ese terms and conditions of carriage and agreed payment term	as.
Authorised Signature:	Date:	
Print Name:	Position:	
INVOICE QUERIES MUST E	BE RAISED WITHIN TWO WEEKS OF RECEIPT OF INVOICE, ANY QUER	IES RAISED AFTER THAT WILL NOT BE ACCEPTED.
FOR IFS OFFICE USE OF	NLY	
Sales Person:	Customer's Expected Monthly Spend:	
Credit Safe Rating:	Accounts Reference:	

Credit Limit: