

QUICKSKIP HEREFORD LTD

Unit 18 Thorn Business Park, Hereford HR2 6JT

Tel: 01432 353536 Fax: 01432 359664

CREDIT APPLICATION FORM

Full Name.....

Full Trading Address.....

.....Post Code.....

Telephone No.....Fax No.....

Nature of Business.....

How long trading.....

Name of person dealing with accounts queries.....

Name & home address of Proprietors.....

.....

Post Code.....Tel. No.....

Name & address of bankers.....

.....

Post Code.....Tel. No.....

Account No.....Sort Code.....

Name & address of two Companies with whom you have dealt as a Credit Customer for over 12 months:

1.....2.....

.....

.....

.....

Tele. No.....Tele. No.....

Fax No.....Fax No.....

Declaration

I/We the undersigned, am/are authorised to request Credit Facilities for the above business account and confirm that the above information is correct and any changes will be notified in writing to Quickskip Hereford Ltd.

I/We authorise Quickskip Hereford Ltd., to seek the necessary Financial References from bankers and companies named above.

I/We request a credit account to be opened with Quickskip Hereford Ltd., and I/We agree to abide by the payment terms of no later than the last day of the following month of the date of the invoice.

Signed.....

Print Name.....

Date.....