

logisticsolutions

C O R P O R A T I O N L T D

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30 DAY CREDIT APPLICATION FORM

Business Name:.....

Address:

Postcode: Business Type:

Telephone: Facsimile:

Inv. Address:

Postcode: Contact:

Telephone: Facsimile:

Partners Name and Address if not a Limited Company:

.....

Company Reg: Vat No:

Co. Secretary: No. Yrs Trading:

Signature: Position:

Two Trade References

Business Name:.....

Address:

.....

Telephone: Facsimile:

Business Name:.....

Address:

.....

Telephone: Facsimile:

PLEASE COMPLETE AND FAX BACK TO 01455 444607

ALL GOODS CARRIED SUBJECT TO THE TERMS AND CONDITIONS OF
LOGISTICAL SOLUTIONS CORPORATION LIMITED.
COPY AVAILABLE ON REQUEST