

Credit Account Application Form

COMPANY NAME	
COLLECTION ADDRESS	
CONTACT	
TELEPHONE NO.	
FAX NO.	
EMAIL	
INVOICE ADDRESS	
ACCOUNTS CONTACT	
ACCOUNTS TEL NO.	
ACCOUNTS CONTACT FAX NO.	
ACCOUNTS EMAIL ADDRESS	
COMPANY REG. NO.	
V.A.T REG. NO.	
BANKERS NAME & ADDRESS	
BANK SORT CODE	
ACCOUNT NO.	
CREDIT AMOUNT REQUIRED P/M	

SUPPLIER REFERENCES

1	
CONTACT:	
TEL. NO:	
EMAIL:	

2	
CONTACT:	
TEL. NO	
EMAIL	

TERMS & CONDITIONS

1. I understand the payment terms are strictly 30 days month end.
2. I understand that T.J Hammond Transport reserve the right to charge 8% above base rate on overdue balances.
3. Late payment may result in credit facilities being withdrawn & would render all invoices immediately payable.
4. I agree to be bound to the Terms & Conditions above.

NAME	
SIGNED	
POSITION	
DATE	

TJ Hammond Transport Ltd • Granites Chase • Billericay • Essex • CM11 2UQ