

TRADING AGREEMENT

CUSTOMER DETAILS

CUSTOMER INVOICE ADDRESS	CUSTOMER ADDRESS (IF DIFFERENT TO THE INVOICE ADDRESS)
NAME: _____	NAME: _____
ADDRESS _____	ADDRESS _____
_____	_____
_____ POSTCODE _____	_____ POSTCODE _____
TEL: _____ FAX: _____	TEL: _____ FAX: _____
COMPANY REG. No.: _____	EMAIL: _____
DATE COMMENCED TRADING _____	WEBSITE: _____
_____	_____

CONTACTS (REFERENCES)

NAME: _____	TEL: _____	FAX: _____	E-MAIL: _____
NAME: _____	TEL: _____	FAX: _____	E-MAIL: _____
NAME: _____	TEL: _____	FAX: _____	E-MAIL: _____

CUSTOMER ACCOUNTS CONTACTS:

NAME: _____	TEL: _____	FAX: _____	E-MAIL: _____
NAME: _____	TEL: _____	FAX: _____	E-MAIL: _____
NAME: _____	TEL: _____	FAX: _____	E-MAIL: _____

METHOD OF MANIFEST:

FAX E-MAIL WEBSITE EDI

OTHER INFORMATION

TO INCLUDE TRADING PROFILE, PRODUCTS, WEIGHTS ETC.

Payment terms are 30 days from receipt of invoice.

I confirm that in making this application the partners/directors consent to credit status checks being carried out by Vector Freight Ltd.

ACKNOWLEDGEMENT

I have read and accept the terms and conditions of carriage of Vector Freight Ltd, which are those of the Road Haulage Association (1998).

SIGNED: _____

(Authorised signatory of the customer)

NAME: _____

POSITION: _____

DATE: _____

SIGNED: _____

POSITION: _____

DATE: _____

ACCOUNT REFERENCE: _____