

TRADING AGREEMENT

CUSTOMER DETAILS

CUSTOMER INVOICE ADDRESS NAME: _____ ADDRESS _____ _____ _____ POSTCODE _____ TEL: _____ FAX: _____ COMPANY REG. No.: _____ DATE COMMENCED TRADING _____ _____	CUSTOMER ADDRESS (IF DIFFERENT TO THE INVOICE ADDRESS) NAME: _____ ADDRESS _____ _____ _____ POSTCODE _____ TEL: _____ FAX: _____ EMAIL: _____ WEBSITE: _____
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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 <input type="checkbox"/>	E-MAIL <input type="checkbox"/>	WEBSITE <input type="checkbox"/>	EDI <input type="checkbox"/>

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: _____

Vector Freight Ltd use only

DATE: _____

ACCOUNT REFERENCE: