



OF DONCASTER LTD.

**EXPRESS HAULAGE & PALLET DISTRIBUTION**

**Brooklands Road, Carcroft, Doncaster, DN6 7BA**

**Tel : 01302 337455**

[www.jmsofdoncasterltd.co.uk](http://www.jmsofdoncasterltd.co.uk)

**Credit Account Application Form**

**Limited Company**       **Sole Trader**      **(Please Tick)**

Company Name:		
Address:		*Registration No:
Post Code:		VAT Number:
Tel:..... Fax:..... Email:.....		

*Registered Office Address (If any different from above):
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*Names of Proprietors <b><u>(If non-Limited Company – Please include Date of birth &amp; Home Address)</u></b>
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Contact in Transport Department:.....email.....

Contact in Accounts Department:.....email.....

**TRADE REFERENCES**

Company: Address:	Contact Name:	Email:
Post Code:	Tel No	Fax No:
Company: Address:	Contact Name:	Email:
Post Code:	Tel No:	Fax No:

**BANK DETAILS**

Name:	Branch:
Account No:	Sort Code:

I hereby Authorise JMS OF DONCASTER LTD to obtain references from the above as and when appropriate. I agree to abide by the terms and conditions as set out by JMS OF DONCASTER LTD, this includes all invoices due to be paid within 30days from the date of invoice for services rendered.

I declare I have authority to apply for credit limit of £ ..... on behalf of the company.

Signed..... Printed Name.....

Position..... Date.....

Please complete in full and email to **[susan@jmsofdoncasterltd.co.uk](mailto:susan@jmsofdoncasterltd.co.uk)**