



SWGroupLogistics

BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

Town:

County:

Post Code:

Company VAT Number:

Company Reg. Number:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

Town

Post Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

Town

County:

Post Code:

Type of account

Account number

BUSINESS/TRADE REFERENCES

Company

Address:

Town:

County:

Post Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

Town:

County:

Post Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. All items carried by SW Group Logistics are subject to RHA conditions
3. All goods stored or handled are subject to UKWA terms and conditions
4. By submitting this application, you authorize SW Group Logistics Ltd. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:

Date:

Position:

Title:

Date:

Position: