

Application for Account Facility

Company name:

Proprietor:

Accounts Address:

Accounts Telephone:

Accounts Email:

Accounts Contact:

Invoices: **Posted / Emailed**

Despatch Address(if different):

Despatch Contact:

Despatch Email:

Despatch Telephone:

Out Of Hours Telephone:

Nature of business:

Trade references: 1.

2.

Name and address of bankers:

.....

.....

Please note:

1. The signature on the form implies total responsibility for accounts rendered to your account.
2. Payment on accounts are as follows:
 - 2a: Storage invoices payable first of each month in advance
 - 2b: Overnight / International invoices payable fourteen days net of invoice date
 - 2c: All other invoices issued are payable twenty eight days net from invoice date unless prior arrangements are made between your company and PCS Logistics LTD accounts Dept.
3. PCS Logistics Limited reserve the right to refuse an application for account facilities.

Signature:

Print name:

Position in company:

Date:

Fax completed form to 0845 880 2214

or post to our accounts office at: Unit 7 Phoenix Business Centre, Higham Road, Chesham, Bucks, HP5 2AJ