T T Express (Oldham) Ltd
Woodstock Distribution Centre
Meek Street, Royton
OL2 ^HL
T: 0845 678 3334
F: 0845 678 3335
www.ttexpress.co.uk

UKWA FTA

Please FAX back to 0161 622 5109

ACCOUNT APPLICATION FORM

Full Trading Name _____

Limited / Partnership / Sole Trader *(Please circle one)* **Company Registration No.** _____

Full Address _____ **Managing Directors Name** _____

_____ **Reg. Office** _____

_____ **Post Code** _____ **VAT No.** _____ **Post Code** _____

Telephone No. _____ **Fax No.** _____

<<<<<<<<<<<<<<<<<<>>>>>>>>>>>>>>>>>>

Sole Trader / Partnership please complete the following: If Limited Company, please supply a Directors name

Sole Trader / Partner No.1 / Director **Partner No. 2**

Full Name _____ **Full Name** _____

Home Address _____ _____

_____ _____

_____ **Post Code** _____ _____ **Post Code** _____

Telephone No. _____ **Telephone No.** _____

<<<<<<<<<<<<<<<<<<>>>>>>>>>>>>>>>>>>

Date Business Established _____ **Bank Name** _____

Type Of Business _____ **Address** _____

Payments Contact _____ _____

Department _____ _____ **Post Code** _____

Tel. No. _____ **A/c No.** _____ **Sort Code** _____

2nd Contact Name _____ **Name of Account** _____

<<<<<<<<<<<<<<<<<<>>>>>>>>>>>>>>>>>>

Trade Reference No. 1 **Trade Reference No. 2**

Name _____ **Name** _____

Address _____ **Adress** _____

_____ _____

Post Code _____ **Post Code** _____

Tel. No. _____ **Tel. No.** _____

Contact Name _____ **Contact Name** _____

Please accept this form as my/our application for a credit account. I have read all Conditions of Carriage as attached or available on request.

Signed …….. Director/Partner/Owner. I/We give my/our consent to a credit search being made on me/us as owner/partner or director of this organisation both now & at any future date. I/We understand this search will be recorded by the agency & may be disclosed to subsequent enquirers.

Please Note: All goods are carried under FTA standard Conditions of Carriage available on request. All warehousing activities are carried out under UKWA standard terms and conditions available on request.
Payment terms are STRICTLY 30 days from date of invoice unless otherwise agreed

TTX Office Use Only: **CREDIT CHECK**: YES/NO **CREDIT LIMIT**: **ACCOUNT CODE:**
TERMS: **DATE ENTERED ON SYSTEM**: