

CREDIT APPLICATION FORM



CAB FREIGHT SERVICES, YARD 4,
JAMESTOWN BUSINESS PARK, FINGLAS, DUBLIN 11.
Tel: +353 1 864 1800 Email: info@cabfreight.ie

PROPOSED BY:

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COMPANY DETAILS:		
COMPANY NAME	COMPANY PHONE No.	COMPANY FAX No.
TRADING NAME	COMPANY EMAIL	COMPANY REG No.
ADDRESS	VAT13B REG No.	MONTHLY CREDIT REQUIRED
CONTACT PERSON - ACCOUNTS PAYABLE		
	CONTACT EMAIL	CONTACT PHONE No.

TRADE REFERENCE NAME 1	
SUPPLIER NAME	CONTACT NAME
ADDRESS	PHONE
	FAX
	EMAIL

TRADE REFERENCE NAME 2	
SUPPLIER NAME	CONTACT NAME
ADDRESS	PHONE
	FAX
	EMAIL

BANK DETAILS	
BANK NAME & ADDRESS	NAME AND BANK ACCOUNT
	BIC
	IBAN

IMPORTANT INFORMATION - CREDIT TERMS: 1. All invoices become due 30 days from end of month. 2. All business transacted is subject to our terms and conditions of carriage. 3. We draw your attention to clauses 11 through 19 of our conditions which strictly limit our liability where goods are lost or damaged. 4. We do not insure your goods. 'All risks' insurance can be arranged upon written instruction and subject to payment of the associated insurance premium. 5. Insurance claims are handled by us/ our brokers and payments may not be withheld against any outstanding claims.

We thank you for your business and look forward to working together into the future.

I HEREBY ACKNOWLEDGE THE ABOVE, WHICH I HAVE READ, UNDERSTAND AND ACCEPT:	
SIGNED (DIRECTOR / SECRETARY)	PRINT NAME
COMPANY POSITION / ROLE	DATE