

## Application for Credit Facility

(Please complete all areas and Fax back to 01543 36 22 54)

# TWENTE EXPRESS

Company Name	
Company Address _____ _____	
Post Code	
Tel	Fax
Email	Accounts Contact Name
Registered Office Address _____ _____	
Post Code	
Company Registration Number	Company VAT Number
Required Credit Facility      £	per calendar month

### Trade References (Please provide two current trade references)

Company Name 1	Company Name 2
Address _____ _____	Address _____ _____
Post Code	Post Code
Tel	Tel

We hereby apply for a Credit Facility with Twente Express Limited and accept that all freight movements carried out by Twente Express Limited on our behalf and instruction will be subject to the terms and conditions of the Convention On The Contract For The International Carriage of Goods by Road (CMR) and/or the Road Haulage Association Conditions of Carriage and Storage (1998 version).

We also accept the standard Terms of Payment for all services provided by Twente Express Limited are 30 days from invoice date for approved credit account holders. For new account customers payment is required before shipment.

Signed and agreed on behalf of the Customer	For Twente Express Limited use only
Name	Approved by _____
Position	Position _____
Date	Date _____



**T: 01543 36 22 20    W: [www.twente.co.uk](http://www.twente.co.uk)**  
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