

CUSTOMER CREDIT APPLICATION FORM

**GIBSON
TRANSPORT LOGO**

CUSTOMER DETAILS

Company Name

Address	Postcode
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Email

Phone

Type of Company

Limited Company

Sole Trader

Partnership

Registration Number

Registered Office Address

Description of Business

Year of Establishment

Name of Buyer

Average Credit required per month

Accounts Contact

Purchasing Contact

TRADE REFERENCES

Company (1)

Contact Name

Address

Postcode

Email

Phone

Company (2)

Contact Name

Address

Postcode

Email

Phone

BANK DETAILS

Bank Name

Branch

Account Number

Sort Code

SIGNATURE DISCLAIMER

I hereby certify that the information above is complete and accurate. I agree to abide by the Terms and Conditions of Gibson Transport and to meet all obligations within their credit terms.

Name (Printed)

Date

Signature