



Monthly Account Facilities For SMS Group Logistics

Company name and address _____

Please supply the name of two trade references
Name of Company 1) _____
Tel No _____
Name of Company 2) _____
Tel No _____

Vat Reg No _____ Co Reg No _____ Date of incorporation _____

Type of company Limited Partnership Sole Trader

Accounts contact first name surname position in company

Telephone _____ Fax _____ E-Mail _____

Despatch contact first name surname position in company

Telephone _____ Fax _____ E-Mail _____

Nature of business _____ Number of employees _____

Type and value of goods _____ Packaging _____

Do you require an order number for all despatches? Yes/No

Do you have an existing SMS account? Yes/No Account No _____

Name of company bank _____ Sort Code

Bank account No _____ Amount of credit required _____

Payment terms as follows:
Invoices are due for payment within 30 days of invoice date.

We understand that all business undertaken by Time Critical International Ltd is subject to the relevant conditions of carriage and storage, a copy of which we have received, and that enquiries may be made to a credit reference company.

Authorised signature of applicant _____ Print name _____

Position in company _____ Date _____

Please send the completed account application form to the following address:

Time Critical International Limited
SMS House,
Lympe Industrial Park
Hythe,
Kent CT21 4LR

Office use only	
Account No _____	
Credit limit _____	Approved _____