



"The Centre of Your Worldwide Deliveries..."

Axis
Axis Parcel Service

07000 333 666 
LO - CALL 01252 861881

CREDIT ACCOUNT APPLICATION FORM

(please complete and fax to 01252 861811)

COMPANY INFORMATION	
Company Name:	
INVOICING & ACCOUNTS DETAILS	PURCHASING & DELIVERY DETAILS
Invoice Address:	Delivery Address:
Post code:	Post code:
Contact:	Contact:
Position:	Position:
Tel no:	Tel no:
Fax no:	Fax no:
E-mail:	E-mail:
<i>(nb - used for statements etc)</i>	
Type of business (Ltd Company, sole trader etc):	
Ltd Company registration number (if applicable):	
VAT registration number:	
Your website:	
Nature of business:	
How long has the business been established?	
Credit limit required:	
<i>This should be sufficient to cover two months' trading</i>	
TRADE REFERENCES	
Company Name:	Company Name:
Address:	Address:
Post code:	Post code:
Tel no:	Tel no:
Fax No:	Fax No:
E-mail:	E-mail:
DECLARATION	
I/We hereby apply for a Credit Account and confirm that we accept the standard credit terms of payment by 20th month following delivery.	
Authorised Signatory:	Name:
Position:	
Date:	

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