

1 Business Contact Information

Solo proprietorship

Partnership

Corporation

Other

Title: _____

Company name: _____

Phone | Fax: _____

E-Mail: _____

Registered company address City, State ZIP Code: _____

Date business commenced: _____

VAT: _____

EORI: _____

2 Business and Credit Information

City, State ZIP Code: _____

How long at current address?: _____

Phone: _____

Fax: _____

E-Mail: _____

Bank name: _____

Primary business address City, State ZIP Code: _____

Phone: _____

Account number: _____

Type of account: Savings Checking Other

3 Business/Trade references

Company name: _____

Address: _____

City, State ZIP Code: _____

Type of account: Savings Checking Other

Phone: _____

Fax: _____

E-Mail: _____

Other: _____

Company name: _____

Address: _____

City, State ZIP Code: _____

Type of account: Savings Checking Other

Phone: _____

Fax: _____

E-Mail: _____

Other: _____

Company name: _____

Address: _____

City, State ZIP Code: _____

Type of account: Savings Checking Other

Phone: _____

Fax: _____

E-Mail: _____

Other: _____

4 Agreement

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within 7 working days.
3. By submitting this application, you authorize CGate Logistics UK to make inquiries into the banking and business/trade references that you have supplied.

5

Place, Date _____

Stamp, Signature _____

Place, Date _____

Stamp, Signature _____

 AIR FREIGHT

 SEA FREIGHT

 LAND TRANSPORT