## **RED EXPRESS LTD**

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## APPLICATION FOR CREDIT FACILITIES

CO NAME					DATE	
ADDRESS					START	
					DATE	
POST CODE						
BILLING ADDRESS					MONTHLY	
					LIMIT	£
POST CODE						
EMAIL ADDRESS						0
BANK REFERENCE				l	FACILITIE	5
NAME OF BANK					TAXI	YES/NO
SORT CODE					COURIER	
A/C NUMBER					MINIBUS	YES/NO
AUTHORISED	[1]					
USERS OF SERVICE	[2]				BILLING R	EQUIREMENTS
	[3]					
TERMS						
<del></del>	TD ACCOUNTS ARE N	MONTHLY				
ALL RED EXPRESS L	TD ACCOUNTS ARE S	STRICTLY I	NET 21 DAYS			
ALL PRICES QUOTED	) ARE SUBJECT TO V	AT AT THE	STANDARD RATE OF	20%		
			,			
SIGNED			ON BEHALF OF			