

**APPLICATION TO OPEN A CREDIT
ACCOUNT WITH CREED TRAVEL
MANAGEMENT**



Company Name:			
Trading Name (if different):			
Invoice Address			
	Post Code:		
Telephone Number (incl STD Code):		Fax Number (incl STD Code):	
E-Mail Address:			
Company Registration No:	(Please ensure this section is completed)		
Type of Business:			
Amount of Credit applied for:	£ _____ per calendar month Please Note: All Credit Accounts will receive a monthly Statement at the beginning of every month and all accounts must be settled within 14 days of Statement, to comply with our Credit Management Policy. Invoices for travellers cheques and foreign currency are payable on receipt		
Purchasing Query Contact Name and Job Title:	Tel No:		
	E-Mail:		
Accounts Contact Name and Job Title:	Tel No:		
	E-Mail:		
Main Travel Booker's Name and Job Title:	Tel No:		
	E-Mail:		

SECTION 2 – LIMITED COMPANIES ONLY

Company Directors:	
<u>Full Name</u>	<u>Job Title</u>

SECTION 3 – TRADE REFERENCES

Please provide details of two companies with whom you are currently trading and who grant you monthly credit facilities:

Name:			
Address (incl Post Code):			Post Code:
Contact Name:	Mr / Mrs / Miss / Ms*		
Job Title:			
Telephone Number (incl STD Code):		Fax Number (incl STD Code):	

Name:			
Address (incl Post Code):			Post Code:
Contact Name:	Mr / Mrs / Miss / Ms*		
Job Title:			
Telephone Number (incl STD Code):		Fax Number (incl STD Code):	

We will carry out credit checks and you will be informed if your credit application is successful.
All information will be treated in the strictest confidence

DECLARATION

I declare that the above is true and accurate to the best of my knowledge, and that I will notify you of any changes to the information contained with the Credit Account Application Form. I accept that any material inaccuracies may result in a further review of credit facilities.

Your signature on this form indicates that you will comply with our terms of payment

Signature :		Print Name:	Mr / Mrs / Miss / Ms
Job Title:		Date:	

SEND COMPLETED APPLICATION FORM TO:

Mr Sami Rahman, Managing Director,
Creed Travel Management, 466 Cranbrook Road,
Ilford, Essex, IG2 6LE
Telephone Number: +44 0203 086 9730
Fax Number: + 44 203 070 0730
CREDIT CONTROL DEPT DIRECT TEL NO: 0203 393 6127

OFFICE USE:

Date Account Opened:		Account Code:	
Business Development Executive:		Account Manager:	
C/Control to copy to:	RM/Branch Mg/Admin Manager	Credit Limit:	Per
Handling Branch (circle as appropriate):	HOL, ILF, ASK, LON, DXB, SAUD, MANC		