Credit Application Form

FREEPOST SW351, London, SW8 4BR

020 7622 1111

Company name (registered name)

Trading name if different (This will be the account name)

Invoicing/accounts address

Postcode

Trading address

Postcode

Accounts telephone number

Accounts fax number

Trading telephone number

Trading fax number

Accounts contact name

Trading contact name

Accounts e-mail address

Trading e-mail address

Bank details

Sort code: - -

Account number:

A/C name

Company details

Business form: Ltd | plc | Sole Tr | P/ship | Gov't | Other

Registration number (if Limited or Plc)

Year registered (If Limited or Plc)

VAT Number

Type of business

Estimated weekly spend £

Invoicing Options

How often would you like to receive an invoice? Weekly | 2-weekly | Bi-monthly | 4-weekly | Monthly

Would you like us to quote a permanent reference on your invoice/statement? If so please enter it here:

What currency would you like us to bill you in? UK £ | US $ | Euro

We can arrange to send you a separate invoice to each user or department. If you would like further details check this box and we will contact you to discuss your requirements in greater detail.

Our invoices are normally rendered showing jobs in date order. We can arrange to send you invoices in different formats with summaries by reference, user, job numbers etc. If you would like further details, check this box.

IMPORTANT: Please complete and sign the reverse of this form >

Authorised Users

If you would like to restrict usage of your account to named individuals, enter their names below

If you would like to restrict usage of your account by using a PIN, enter the number here:

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Please complete all 4 boxes - no spaces. Numbers only - no letters

Invoicing and Statement Options

Invoices and statements can be sent to you by email to. Please enter the email addresses below .

eMail address to send Invoices to

eMail address to send statements to

All services are available 24 hours a day, 365 days a year

Paying your bill

Please tick to indicate how you will pay your bill:

By cheque ☐

By Visa or Mastercard Card ☐

Card number

Expiry date

Cardholders name

Cardholder sign below to authorise payments

Your credit card with be charged 14 days after an invoice is sent. We will also need your CV2 number - we'll telephone you for this

By BACS ☐

(Lloyds Bank, Slough. 30-97-73
Pegasus Logistics Corporation Ltd 26452968)

Need regular proof of delivery reports? No problem, just ask us.

I have read and agree to be bound by the 2011 conditions of trade of Pegasus Logistics Corporation Ltd, a copy of which I have seen and retained. I understand that invoices should be settled by their due date and that surcharges or interest may be applied to overdue invoices. I am authorised by my company to sign this form

Signed:

Print name:

Position: Date:

For Pegasus Use

Account Number

Form Sent

Form Returned

Rep: ACM:

S/c1 % S/c2: £ T:

S.I.C: MIV: £

When complete fax to 020 7622 1616 or post to Pegasus, FREEPOST SW351, London SW8 4BR