

EXPRESS NATIONAL CARRIERS

COMPANY ACCOUNT APPLICATION FORM

I would like to open a monthly account for

£..... (approx total per month)

COMPANY NAME

ADDRESS

..... POSTCODE

TELEPHONE..... FAX

REGISTERED OFFICE (if different from above)

.....

BUSINESS REGISTRATION No

BANKERS

BANKERS ADDRESS

.....

DATE OF FORMATION

I have seen and understood the Company's Conditions of Trading

SIGNED.....POSITION.....

All accounts are subject to a service charge.



complete and return to
EXPRESS NATIONAL CARRIERS
1/20 SPURGEON STREET
LONDON SE1 4YP

Tel: 020 7403 2222 FAX: 020 7403 1930

OFFICE USE ONLY

ACCOUNT No.....DATE OPENED.....

EXPRESS NATIONAL CARRIERS

WAIVER

Customers should sign below accepting full responsibility for any damage if they require the driver/rider to transport goods they considered fragile.

On behalf of the above Company I hereby authorise Express National Carriers to collect and deliver any goods. Our Company will accept full responsibility for any damage sustained during transportation.

Sign _____

Print _____

Position _____

Please complete the above and forward along with your application