

Dear New Subcontractor

In order to ensure a smooth and mutually beneficial relationship going forward, please note the following terms:

1. When ordering goods / services from you, Viking Logistics will provide you with a **Job Reference Number**. Please ensure that this reference number is clearly shown on your invoice (unless on a self-bill agreement). Failure to comply will result in rejection of the invoice.
2. All invoices should be sent electronically to [accounts@vikinglogistics.co.uk](mailto:accounts@vikinglogistics.co.uk).
3. Viking Logistics payment terms are **28 days net** unless agreed otherwise in advance. Early payment may incur a small percentage charge.
4. Proof of Delivery (PODs) are required for all deliveries. Unless agreed otherwise, you will need to use the Viking Logistics ePOD system for arrival/departure times and electronic signatures.
5. Please ensure along with this application form you attach the following company documents:
  - Operators Licence
  - Goods In Transit Insurance (RHA minimum, £6500 per tonne preferred)
  - Insurance – Motor / Public Liability / Employers Liability
  - Waste Carriers Licence
6. Loaded boxes must be in secure services parking overnight with container lock fitted. Strictly no lay-bys or roadside parking.
7. Please ensure containers are restituted the same day as delivery unless confirmed by Viking staff.
8. Viking Logistics method of payment is via electronic transfer every Friday. This means that payment of your invoices will be made directly into a nominated bank account.

To ensure that our payments are made to you by electronic transfer please take the following actions:

- Fully complete the attached Subcontractor Application Form with your bank account information.
- Ensure that the form is signed by a Director or other person in authority.
- Return the completed form to [accounts@vikinglogistics.co.uk](mailto:accounts@vikinglogistics.co.uk).

**Please note, no payment will be made until the attached form and requested information is completed to our satisfaction and received by Viking Logistics Finance Dept.**

We look forward to working with you



## SUBCONTRACTOR APPLICATION FORM

1. Company Information	
Registered Company Name:	
Trading Name (if different to above):	
Registered Company Address (incl. Postcode/zip code):	
Trading Address (if different from above):	
Company Registration Number:	
Company VAT Number:	

2. Business Contact Information	
Business Contact Name:	
Business Contact Job Title:	
Telephone Number (Landline):	
Telephone Number (Mobile):	
Email Address:	

3. Accounts Contact Information	
Accounts Contact Name:	
Accounts Contact Job Title:	
Telephone Number:	
Email Address:	

4. Bank Information	
Bank Name:	
Bank Address:	
Sort Code:	
Account Number:	



Registered office: Epsilon House, West Road, Ransomes Europark, Ipswich, Suffolk, IP3 9FJ



01473 858585



info@vikinglogistics.co.uk



vikinglogistics.co.uk

Registered in England: 10641118 - Vat No: 264 7138 90

5. Billing Information	
<b>Please select preferred billing method:</b> (if self-bill please ensure you complete and return the attached self-bill agreement)	<b>Invoice / Self-Bill</b> <i>(delete as necessary)</i>

I confirm I have the authority to complete this subcontractor application form and it has been completed accurately to the best of my knowledge and terms are accepted			
<b>Name:</b>		<b>Job Title:</b>	
<b>Signature:</b>		<b>Date:</b>	
<i>(if your business requires multiple signatures please use the below)</i>			
<b>Name:</b>		<b>Job Title:</b>	
<b>Signature:</b>		<b>Date:</b>	



## SUBCONTRACTOR SELF-BILL AGREEMENT

This is an agreement to a self-billing procedure between:

The Customer:			
<b>Company Name:</b>	<b>Viking Logistics Ltd</b>	<b>VAT Number:</b>	<b>264 7138 90</b>

and

The Supplier:			
<b>Company Name:</b>		<b>VAT Number:</b>	

The self-biller (the customer) agrees:

1. to issue self-billed invoices for all supplies made to them by the self-billee (the supplier) from: 01/01/2024 until: 31/12/2024
2. to complete self-billed invoices showing the supplier's name, address and VAT registration number, together with all the other details that constitute a full VAT invoice.
3. to make a new self-billing agreement in the event that their VAT registration number changes.
4. to inform the supplier if the issue of self-billed invoices will be outsourced to a third party.

The self-billee (the supplier) agrees:

1. to accept invoices raised by the self-biller on my behalf from: 01/01/2024 until: 31/12/2024
2. not to raise sales invoices for the transactions covered by this agreement.
3. to notify the customer immediately if they change their VAT registration number, cease to be VAT registered or sell their business, or part of their business.

The Supplier - I confirm I have the authority to complete this application form and it has been completed accurately to the best of my knowledge:			
<b>Name:</b>		<b>Job Title:</b>	
<b>Signature:</b>		<b>Date:</b>	
<i>(if your business requires multiple signatures please use the below)</i>			
<b>Name:</b>		<b>Job Title:</b>	
<b>Signature:</b>		<b>Date:</b>	

The Customer – On behalf of Viking Logistics Ltd			
<b>Name:</b>		<b>Job Title:</b>	
<b>Signature:</b>		<b>Date:</b>	

