



Customer Account Application

Full Company Name			
Location Address			
	Post Code:		
Invoice Address (If Different)			
	Post Code:		
Company Registration Number		VAT Number	
Name of Accounts Contact		Telephone	
Credit limit requested		Email	
Name of Booking Contact		Telephone	
		Email	
Do you require hard copy PODs?		If Yes – please provide address	
Are you happy to accept digital PODs?		Email address for digital PODs	

Please submit this form to planning@stratalogistics.com to open your account with us.
 In signing this form you are agreeing to our standard terms and conditions (attached) updates of which are also available at www.stratalogistics.com. Trade references and/or director/proprietor guarantees may be requested where insufficient credit data is available.

SIGNED AND AGREED ON BEHALF OF CLIENT:

Date: _____

Name: _____

Position: _____