

Customer Details Form				
Name of Company:				
Address:		Telephone No:		
Company Registration No:	1	Website:		
Postcode:		Years in Business:		
Key Personnel	Name		Email Add	dress
Sales:				
Accounts:				
Transport:				
Quality/Health & Safety:				
Registered Address (if different to the ab	oove):			
VAT Registration No:		VAT 56A (1	3B) No:	
RCT	Y/N	Expiry Date		
Services Required:				
Storage:	Distribution:		Storage & Distribut	
Customs Clearance				
Type of Goods:  General Cargo:		Food:		
Waste:	Hazardous:		Pharma	

Subject: CREDIT APPLICATION/SPECIAL REC	QUIREMENTS	Doc No: RLG F022
Area of Operation: SALES		Page 1 of 5
Issue Date: 15 JUNE 2020	Effective Date: 15 JUNE 2020	Prepared By: David Hendrick
Revision Date: 15 JUNE 2020	Revision No: VER = 3	Approved By: Conor Roche



Credit References		
Name of Company:		
Address:	Contact Name:	
	Telephone No.	
How Long Trading:	Email:	
Name of Company:		
Address:	Contact Name:	
	Telephone No.	
How Long Trading:	Email:	
Payment Method:	Cheque	
	EFT/BACS	
	Card	
Currency:	Euro	
	Stg£	
Credit Limit Required:		
Credit Terms	30 Days EOM	

Subject: CREDIT APPLICATION/SPECIAL REQUIREMENTS		Doc No: RLG F022
Area of Operation: SALES		Page 2 of 5
Issue Date: 15 JUNE 2020	Effective Date: 15 JUNE 2020	Prepared By: David Hendrick
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## **Special Instructions**

Invoice Instructions:				
<b>Delivery Instructions</b>				
<b>Collection Instructions</b>				
<b>Special Instructions</b>				
<b>Customer Requirements</b>				
<b>Description of Goods</b>				
Paperwork Required:	YES		NO	
Book In Required	YES		NO	
Tail Lift Required	YES		NO	
<b>Opening Times:</b>				-
<b>Equipment Requirement:</b>				
I/We have received Tradin our behalf.	g Terms & Conditions and accept (	Conditions i	in full on all goods carried or	ì
Signed:	Position In Co	ompany:	· · · · · · · · · · · · · · · · · · ·	
Print Name:	Date:			
For Roche Logistics Group Use Approved by:	Only:			
Signed:		Date: _		
Print Name:				

Subject: CREDIT APPLICATION/SPECIAL REQUIREMENTS		Doc No: RLG F022
Area of Operation: SALES		Page 3 of 5
Issue Date: 15 JUNE 2020	Effective Date: 15 JUNE 2020	Prepared By: David Hendrick
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## **Customer Requirements - Distribution**

What Products are to be Transported? Please provide listing.	
What product specific requirements are required for Transport?	
Is there a Product Risk Analysis Sheet available for each Product? Please provide	
Have MSDS Sheets been supplied	
What Process control procedures are required (dry loading/unloading)?	
Is Temperature monitoring required? Please advise Temperature Range	
Procedures are in place to minimize foreign matter contamination, (glass & knife policy, pest control contract) Are there additional controls required?	
Are there specific procedures for damaged product, i.e. branded packaging?	
Any other Requirements?	
Please attach supporting documentation	
Completed by: Position in the Company: (Please print)	
Signed: Date:	

Subject: CREDIT APPLICATION/SPECIAL REQUIREMENTS		Doc No: RLG F022
Area of Operation: SALES		Page 4 of 5
Issue Date: 15 JUNE 2020	Effective Date: 15 JUNE 2020	Prepared By: David Hendrick
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## **Customer Requirements - Storage**

What Products are to be Stored? Please provide listing.	
What product specific requirements are required for Storage?	
Is there a Product Risk Analysis Sheet available for each Product? Please provide	
Have MSDS Sheets been supplied	
What Process control procedures are required (dry loading/unload	ing)?
Is Temperature monitoring required? Please advise Temperature Range	
Are stock takes required? Frequency?	
Are there inspection/testing to be carried out? By whom? Frequen	cy?
Procedures are in place to minimize foreign matter contamination, (glass & knife policy, pest control contract) Are there additional controls required?	
Are site visits required? Frequency?	
Are there specific disposal procedures for damaged product, i.e. branded packaging?	
Any other Requirements?	
Completed by: Positi	ion in the Company:
Signed: Date:	

Subject: CREDIT APPLICATION/SPECIAL REC	QUIREMENTS	Doc No: RLG F022
Area of Operation: SALES		Page 5 of 5
Issue Date: 15 JUNE 2020	Effective Date: 15 JUNE 2020	Prepared By: David Hendrick
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