

SUBCONTRACTOR SET-UP FORM

Please return the form along with proof of a current Goods in Transit insurance policy and Operator's License details to the Transport Department via email, post or fax.

CUSTOMER NAME:	
CUSTOMER ADDRESS:	
INVOICE ADDRESS: (if different from above)	
BANK DETAILS:	
COMPANY REGISTRATION NUMBER:	
CONTACT NAME:	
TELEPHONE NUMBER:	
EMAIL ADDRESS:	

- All 'Proofs of Delivery' returned within 7 days of delivery to the returns department (contact details attached).
- All discrepancies to be reported at the time of delivery to the returns department (contact details attached).
- All goods are carried under RHA Terms & Conditions (1998) unless agreed in writing by both parties.
- Payment terms are 30 days from date of invoice.



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Signed:.....
[Customer]

Signed:.....
[Boughey Distribution Limited]

Name:.....

Name:.....

Date:.....
Contact Details:

Date:.....

Returns Dept:

Manager: Tony Goodwin

Returns Dept
Boughey Distribution
Wardle
Cheshire
CW5 6RS
Tel: 01829 262 380 / 332 / 354
Email: tony.goodwin@boughey.co.uk

Traffic Dept:

Contact Names:

Greg Barlow
Joe Young
Greg Steele
Aggie Pretka

Traffic Dept
Boughey Distribution
Wardle
Cheshire
CW5 6RS
Tel: 01829 262 234 / 236 / 376
Email: traffic.desk@boughey.co.uk