

## CONTAINERLIFT ROAD TRANSPORT CONTRACT BOOKING FORM

Thank you for your enquiry and order. We are pleased to send you Containerlift's Contract Booking form.

Please complete and sign the Contract Booking Form and fax it back or scan and email it back to us as soon as possible. Unfortunately we are unable to confirm your booking until we receive this.

If you do not have a credit account with Containerlift, please would you kindly ensure that the 'Payment Method' section of the Contract Booking Form is completed with one of the following (a pro-forma invoice will be faxed to you upon receipt of the completed booking form):

- 1. CHEQUE (please allow 5 working days for clearance).
- 2. BACS payment (please allow 5 days for clearance).
- 3. CHAPS payment (same day clearance for transactions made before midday).
- 4. CASH into our bank account (please fax or scan and email a copy of the paying-in slip).
- 5. CREDIT CARD payments can be simply and securely made using Containerlift's online payment facility. Please call our team who can talk you through this and give you a payment reference number.

For options 2, 3 or 4 our account details are as follows:

Bank: HSBC

Account Name: Containerlift Services Ltd

Account Number: 92523450

Sort Code: 401708

IBAN: GB51HBUK40170892523450

Swift Code: HBUKGB4B

If there are any concerns or queries please do not hesitate to contact us. You can find our detailed terms and conditions on our website at <a href="https://www.containerlift.co.uk/downloads">www.containerlift.co.uk/downloads</a>

Kind Regards,

**CONTAINERLIFT SERVICES LTD** 



Your Compan	y (Invoice To)		Your Address (for Invoice)					Date
		v						
Your Tel No. Your		Your Fax No.	Your Fax No.					Our Quote No
Your Contact Name  Payment Method		Your Order No.						Price
				Post Code				
				A/C No. or Credit Card No.				<u>.</u>
Collect F	rom							
	Preferred	Action Code (see below)	Address (including Berth if port)				Contact	
Date	Time					Tel No.		
							Notes	
	_							
Collection/Release Reference		Town Postcode			_			
			TOWIT		0310000			
Container Number		Size/Type	Empty/Full	Door Position	Wt (Kas)	Cargo		Haz Class
		71	1 7		( 3 )			
Then Del	Preferred	Preferred Action Code		Address (including Berth if port)				
	Time	(see below)	4				Tel No.	
							Notes	
Delivery/Book	ing Reference							
			Town Postcode					
				Then Deli	iver To			
Date	Preferred			Address (including Berth if port)			Contact	
Date	Time	(see below)					Tel No.	
							Notes	
Delivery/Book	ing Reference		-					
			Town Postcode					
Container Number		Size/Type	Empty/Full	Door Position	Wt (Kgs)	Cargo		Haz Class
		Closing Date/	_	Destination Po		I 5	rt Office Tel No	. Line's Booking Ref.
<b>Export Vessel</b>								

## Action Codes

ON Lift On OWL Lift Off, Wait & Load OF Lift Off OWU Lift Off, Wait & Unload

OSW Lift Off & Swapover DWL Deliver, Wait & Load **TSW** Trailer Swapover

DWU Deliver, Wait & Unload DL **Deliver** 

I, the above named Contact Name, declare that:

Collect

CL

- I have received, read and understand Containerlift's Terms and Conditions of trade. A current copy is at <a href="www.containerlift.co.uk/downloads">www.containerlift.co.uk/downloads</a>. I agree that this Contract will be subject to Containerlift's Terms and Conditions of trade.
- I am authorised by the above named 'Customer' to make this declaration.

Signed / Name: