

# COD PAYMENT APPLICATION FORM

COMPLETE USING YOUR PC  
OR COMPLETE IN WRITING IN BLOCK CAPITALS AND IN BLACK INK

**Containerlift** 



Thank you for choosing to apply for a Cash On Documents (COD) Payment facility with Containerlift. If you are new to shipping, if you have recently started in business and have a limited trading history or maybe you are a sole trader, a COD Payment facility may be the solution for you.

With our approval to book shipping work using a COD Payment facility the full balancing payment for your shipment will be 3 days before the vessel arrives at the destination port or 30 days from invoice date, whichever is sooner. Once the balancing payment is made in full and cleared in our account we will release your shipping documentation. Typically, we will require a deposit payment to be made prior to the delivery of the container to site for loading.

In order to process your application please return the following four documents:

1. The completed and signed COD Payment Application form.
2. A copy of your organisation's letter headed paper if you have it.
3. A copy of a utility bill that is less than 3 months old and a copy of your photo ID, both of which must be in the name of the COD Payment facility applicant.
4. A copy of a bank statement for an account held in the UK and in your name which is less than 3 months old.

These documents should be sent to our accounts department either by faxing to +44 (0)1371 879418 or scanning and emailing to [accounts@containerlift.co.uk](mailto:accounts@containerlift.co.uk).

We will endeavour to process your application as quickly as possible. Some trading references are slow to respond so please do bear with us whilst we chase them. We may have to ask for your help to prompt your references to give us their feedback. Once we have received a response from both of your trading references we will contact you to let you know whether we are able to offer you the COD Payment facility and, if so, the maximum balancing payment you can make which will be secured against your shipping documentation.

Please make sure you take the time to read through our terms and conditions of trade. You can find a current copy on our website at [www.containerlift.co.uk/downloads](http://www.containerlift.co.uk/downloads). In the meantime if there are any concerns or queries please do not hesitate to contact me or anyone at the Containerlift team.



Kind Regards,  
**CONTAINERLIFT**

**JOOST BAKER**  
**MANAGING DIRECTOR**

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## YOUR BUSINESS DETAILS or YOUR PERSONAL DETAILS IF A SOLE TRADER

(Please supply proof of your address such as a copy of your Driving Licence or a utility bill less than 3 months old and a sample of your business letter headed paper)

Name:		Date of Birth: (if sole trader)		-	-	-	-	-	-
Company Trading Name:		Tel No:							
Payment Contact Name:		Tel No:		Fax No:					
Building Name/Number: (Home address if Sole Trader)				Mobile No:					
Street:				Website:					
Town:				Company Registration Number					
County:		Postcode:		-	-	-	-	-	-
Country:	Email:		Trading Style: (Please tick or state below)						
Previous Address Building Name/Number: (if less than 2 years at present address)				Partnership	Sole Trader				
Street:				Self Build	LLP				
Town:				Limited Company (Ltd)					
County:		Postcode:		Other (please select & specify below)					
Country:									

Have any of the Directors/Partners or Sole Trader been subject to bankruptcy or IVA or had any CCJs registered against them?			Yes	No	
If a Director, have you been involved in a business which went into liquidation / receivership / administration or CVA?			Yes	No	
How long have you been established?	Months:	Years:			
When does your financial year end?	Day:	Month:			
Maximum Balancing Payment Required (secured by your shipping documentation):		£			

## BANK DETAILS – We require a copy of a UK bank statement in your name which is less than 3 months old.

Bank Name:		Sort Code		-	-	-	-
Bank Branch:		Account Number		-	-	-	-

## 1<sup>ST</sup> TRADING REFERENCE INFORMATION

Contact Name:
Company:
Building Name/Number:

## 2<sup>ND</sup> TRADING REFERENCE INFORMATION

Contact Name:
Company:
Building Name/Number:

Street:	
Town:	
County:	Postcode:
Direct Dial Tel No:	
Email:	

Street:	
Town:	
County:	Postcode:
Direct Dial Tel No:	
Email:	

If your references fail to provide information as requested your application for a credit account maybe delayed. We may require alternative references.

## DECLARATION ON BEHALF OF APPLICANT

On behalf of the above applicant in whose name I am authorised to make such applications, I apply for a COD Payment facility as stated above and detailed in Page 1 of this application form. I agree to adhere to the payment terms of Containerlift Shipping Services Ltd's COD Payment facility. Final balancing payment is due 3 days before vessel arrival at destination or 30 days from invoice date, whichever is sooner. Shipping documentation will not be released until full balancing payment has been received and cleared into Containerlift's bank account. I also declare that I have read, understand and agree to Containerlift's terms and conditions of trade and am aware that a current copy is available at [www.containerlift.co.uk/downloads](http://www.containerlift.co.uk/downloads).

Name:

Position:

Tel No:

Date:

Signature:

PLEASE RETURN THIS FORM TO CONTAINERLIFT, GALLOP HOUSE, HASLERS LANE, DUNMOW, ESSEX, CM6 3QX,  
UNITED KINGDOM

EMAIL: [ACCOUNTS@CONTAINERLIFT.CO.UK](mailto:ACCOUNTS@CONTAINERLIFT.CO.UK)

Containerlift Shipping Services Ltd. Registered in England No 06933369.  
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COD Payment Application Form V1.3  
Last Updated 17<sup>th</sup> December 2025  
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