



CREDIT ACCOUNT APPLICATION FORM

Company details:

Name: _____

Address: _____

Telephone: _____ Fax: _____ email: _____

PLC / Limited Company / Partnership / Sole Trader / Other (specify) (delete not applicable)
Address of Registered Office: _____

Registration No: _____ Nature of Business: _____

Directors/Principals Names: _____

Credit Terms: 14 days from invoice date

Credit limit applied for: _____ Accounts Contact Name: _____

Invoice address: _____

Bank Details:

Bank Name & Address: _____

Account Name: _____ Sort Code: _____ Account Number: _____

Two Trade References:

Name: _____ Name: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Special Requirements:

Please state any special instructions i.e. booking references, order numbers, contact names etc

Declaration: (must be signed by an authorised signatory)

I hereby request a credit account and confirm I have read and accept the companies Terms & Conditions accompanying this application form. I attach a copy of our company letter-heading.

Name: _____ Signature: _____

Position: _____ Date: _____