

APPLICATION FOR CREDIT ACCOUNT

COMPANY / BUSINESS DETAILS

COMPANY / BUSINESS NAME : _____

ADDRESS: _____

_____ POSTCODE: _____

VAT NO. _____

COMPANY Reg. No. _____

CONTACT DETAILS

CONTACT NAME: _____

Telephone No.(Including Code) : _____

Fax No. (Including Code) : _____

BANK DETAILS

Company name / Trading Name
If different from above. _____

BANK NAME: _____

BANK ADDRESS : _____

ACCOUNT NUMBER: _____

SORT CODE: _____

CREDIT LIMIT REQUESTED: _____

PLEASE NOTE: Payment terms Strictly 30 days

Please complete and sign reference requests enclosed and attach a copy of your Letter Head to these forms upon return.

REFERENCES

Please supply the name and contact details of 3 Companies that can provide credit references in support of your application.

1. Business Name: _____

Contact Name : _____

Address: _____

Telephone No : _____

2. Business Name: _____

Contact Name : _____

Address: _____

Telephone No : _____

3. Business Name: _____

Contact Name : _____

Address: _____

Telephone No : _____

SIGNED FOR / ON BEHALF OF APPLICANT

SIGNED: _____ PRINT NAME: _____

POSITION: _____ DATE: _____