

CREDIT ACCOUNT APPLICATION

COMPANY NAME:

VAT REGISTRATION NO: COMPANY REGISTRATION NO:

INVOICE ADDRESS:

.....

POSTCODE:

DELIVERY ADDRESS: (If different above).....

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POSTCODE:

TELEPHONE NO: EMAIL ADDRESS:

ACCOUNTS CONTACT: ACCOUNTS TELEPHONE NO:

CREDIT LIMIT REQUIRED: MONTHLY / TOTAL

BANKERS NAME AND ADDRESS:

.....

POSTCODE:

ACCOUNT NUMBER: SORTCODE:

TWO TRADE REFERENCES: (Please include full Address and Telephone Number)

REF 1) REF 2)

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TELEPHONE NO: TELEPHONE NO:

Please note our terms of trading are payment within 30 days of Invoice date, unless terms state otherwise.

Please sign below to confirm that you wish to open the account and agree to pay within the terms.

Signed:

Position:

Date:

