



Credit Account Application Form

Trading Name:

Company Name:

Directors Names:

Company Registration No:

Registered Office Address:

Year Trading Commenced:

VAT Reg. No:

Accounts Contact Name:

Tel No:

Email Address:

Main Trading Activity:

Delivery Address:

Invoice Address:

Bank Name & Address:

Account No:

Sort Code: ____/____/____

Level of Credit Required:

Signed: _____

Date: ____/____/____

Position in the Company: _____

MUST BE SIGNED BY THE DIRECTOR OR PROPRIETOR



Trade References

IMPORTANT:- PLEASE GIVE NAMES AND ADDRESSES OF THREE TRADE REFERENCES, INCLUDING TELEPHONE AND FAX NUMBERS. THESE MUST BE RECOGNISED LIMITED COMPANIES. NOT SOLE TRADERS.

Company Address:

Tel No:

Email Address.

Company Address:

Tel No:

Email Address.

Company Address:

Tel No:

Email Address.

PLEASE SUPPLY YOUR COMPANY LETTERHEAD WITH YOUR APPLICATION.

**MAY WE KINDLY REMIND YOU OF OUR TRADING TERMS.
PAYMENT WILL BE DUE AT THE END OF THE MONTH FOLLOWING
DELIVERY. ANY ACCOUNTS WHICH DO NOT ADHERE TO OUR TERMS MAY
BE CLOSED WITHOUT PRIOR NOTICE.**