



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: _____

Fax No: _____

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:

Fax No.

Company Address:

Tel No:

Fax No.

Company Address:

Tel No:

Fax No.

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.**