



Ltd

CREDIT ACCOUNT APPLICATION FORM

Please fill in all appropriate details as listed below including a minimum of 2 trade references, your company details & enclose a copy of your letter heading.

Please sign our Terms & Conditions.

Company Name :

Address :

..... Postcode

Tel No. **Fax No :**

Please complete the appropriate section

1) Limited Company : Company Registration No :

Registered Office :

2) Partnership
Full Names of Partners

.....

3) Sole Trader :
Name & Address of Owner :

.....

Type of Business :

No. of Years Trading with this Name :

Amount of credit required each month

Please give your Bank details :

Bank Name :

Account No. : **Sort Code**

Address :

Account Name :

4) VAT Registration Number :
.....

SECTION TO BE COMPLETED BY ALL APPLICANTS

REFERENCES: PLEASE GIVE A MINIMUM OF TWO.

1) NAME

ADDRESS

.....

TELEPHONE NO. FAX NO.

2) NAME

ADDRESS

.....

TELEPHONE NO. FAX NO.

3) NAME

ADDRESS

.....

TELEPHONE NO. FAX NO.

TERMS AND CONDITIONS

- 1) Credit facilities are granted to the applicant at the sole discretion of the company. The company reserves the right to decline credit facilities or withdraw a facility already granted and/or to amend the Terms and Conditions at any time.

- 2) Accounts, which remain inactive for a period in excess of six months, may be closed by the company and will be re-opened by a new application, without prejudice to clause No. 1 above.

- 3) **ALL OUTSTANDING ACCOUNTS ARE TO BE SETTLED BY THE 30TH OF THE MONTH FOLLOWING MONTH OF SUPPLY.**

- 4) Any queries on outstanding invoices must be forwarded to us by telephone or writing within 7 days of receipt of invoice.

I have read and understood and am willing to comply with above Terms and Conditions. I am the above named or a duly authorised signatory of the above Company or Firm so applying.

Signed

Name (Block Capitals)

Position in Company Date

You will be informed in writing of the acceptance or otherwise of this application and your approved credit limit within 30 days.

PLEASE PROVIDE EMAIL ADDRESS FOR INVOICES TO BE SENT TO:

.....

COMPANY SIC NUMBER.....