

## Credit Account Application Form

Company Name:
Address:
Postcode:
Telephone No.:
Fax No.:
Contact Name:
VAT Number:
Email:
Website:

If you are a Partnership/Sole Trader, please give full names and addresses of all proprietors/partners of the business on a letterhead.

Bank Name:
Address:
Postcode:
Telephone No.:
Sort Code:
Account No.:
Account Name:
Credit Limit required:

<b>If you are a Limited company, please complete:</b>
Registered No.:
Registered Office:
Postcode:

<b>Trade Reference (1)</b>
Name:
Address:
Telephone No.:
Fax No.:
Contact:

<b>Trade Reference (2)</b>
Name:
Address:
Telephone No.:
Fax No.:
Contact:

We acknowledge that all invoices in respect of the account are due for settlement within 30 days from Invoice date and agree to pay the account in accordance with these terms.

Signed: \_\_\_\_\_

Name: (Print) \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

(Must be signed by authorised officer, partner or proprietor)

VAT Registration No 485 7687 76  
 Company Registration No. 5006127