

CREDIT ACCOUNT APPLICATION FORM

LIMITED COMPANY A	PPLICATION				
Trading Name:		Registered Nam	ie:		
Trading Address:			Company Number:		
		Registered Offic	e:		
		I ,			
Tel No:	Fax No:	Director 1:			
Email:		Director 2:			
NON LIMITED COMPA	ANY APPLICATION				
Trading Name:		Proprietor 1:			
Trading Address:		Home Address:	Home Address:		
		Proprietor 2:			
Tel No:	Fax No:	Home Address:			
Email:					
REFERENCES					
Name:	Name:				
Address:		Address:	Address:		
Contact:	Contact:		Contact:		
Tel No:		Tel No:	Tel No:		
BANK DETAILS & CRE	DIT REQUIRED			1	
Bank Name:	DIT 1124-112	Monthly Credit	Limit Required		
Bank Address:		£3000	£5000	£10000	
Sort Code:	Sort Code:		VAT Number		
Account:					
CONDITIONS					
	in full on the last working day o	of the month of (unless ot	herwise specified). Ple	ease refer to the	
Companies Terms & Cor	nditions of Sale.				

Invoice terms are strictly 30 days nett and that interest and costs maybe charged on overdue accounts. Statements will be

Credit, if granted, will not exceed the maximum limit specified in the credit agreeement. Credit maybe stopped if the payment terms are not adheared to. A credit account may not be opened until a satisfactory reply has been received from

both trade references provided on the application and our credit insurers. Company accounts maybe requested.

Signed Print Date

issued monthly. Credit checks maybe carried out on the details contained within this form.