



COMPANY DETAILS

Name.....
 Address

 Contact name
 Tel no

Invoice/Statement address

Accounts - Contact name
 Tel no

Length of time trading.....

TRADE REFERENCE (I)

Name
 Address

 Postcode
 Tel no
 Fax no

TRADE REFERENCE (II)

Name
 Address

 Postcode
 Tel no
 Fax no

I/We hereby apply for a credit account and confirm that :

1. All particulars supplied are correct.
2. I/We accept the Company's terms.
3. I/We agree to have a credit check taken on the Company/Proprietors/Partners.

If you are a Ltd Co – please complete:

Registered No
 Registered Office

 Postcode

If you are a partnership or sole trader – please give full names and addresses of all proprietors/ partners of the business:

1. Name
 Address

2. Name
 Address

BANKERS NAME

Address

 Tel no
 Sort Code
 Account No
 Credit Limit if required

SIGNED

NAME

POSITION **DATE**