

APPLICATION FOR CREDIT ACCOUNT

* STRICTLY TRADE ONLY *

PLEASE ATTACH A LETTERHEAD WHEN RETURNING THIS FORM

DETAILS OF APPLICANT

Trading Name

Street 1 _____
Street 2 _____
Town _____
County _____
Post Code _____

Invoice Address

Street 1 _____
Street 2 _____
Town _____
County _____
Post Code _____

Delivery Address

Street 1 _____
Street 2 _____
Town _____
County _____
Post Code _____

Tel; _____
Fax; _____

E-Mail _____
WWW _____

Owners Name _____
V.A.T. No. _____
Co. Reg. No. _____

Co.Status (plc.,Ltd. etc.) _____
Years Trading _____

Purchasing Contact _____
Purchase Ledger Contact _____

Trade References (Not within your company group)

1 _____

Tel; _____
Fax; _____

2 _____

Tel; _____
Fax; _____

WE DRAW YOUR ATTENTION TO OUR TERMS OF PAYMENT WHICH ARE:
PAYMENT BY END OF MONTH FOLLOWING DATE OF INVOICE.
- PLEASE SIGN TO INDICATE YOUR ACCEPTANCE OF THESE TERMS.

SIGNED _____
POSITION _____

DATE _____
YOU MUST BE AUTHORISED TO APPLY FOR CREDIT ON BEHALF OF THE COMPANY.