

# Credit Account Application Form

Name and address of business

Address to which invoice/statement should be sent (if different from business address)

Telephone Number:-  
Fax Number:-  
E-mail Address:-  
Contact Name:-  
Direct dial no:-

Telephone Number:-  
Fax Number:-  
E-mail Address:-  
Contact Name:-  
Direct dial no:-

Indicate type of business below (please tick where appropriate)

Sole Trader       Partnership       Limited Company       Other (please specify)  
Co Reg No:-

List names and addresses of the sole owner/partners or main directors of business

List any parent, associate or subsidiary companies

Business Activity (please specify)

VAT NUMBER:-

Method of Payment :

Cheque       Direct Debit       BACS       Other

If other please specify: \_\_\_\_\_

Proposed Credit Limit (exc vat): \_\_\_\_\_ per month  
**TRADE AND BANK REFERENCES**

TRADE REFERENCES

1. Name \_\_\_\_\_ Account Number \_\_\_\_\_  
Full Address \_\_\_\_\_

2. Name \_\_\_\_\_ Account Number \_\_\_\_\_  
Full Address \_\_\_\_\_

Bank Details

Name \_\_\_\_\_

Address \_\_\_\_\_

Sort Code \_\_\_\_\_ Account Number \_\_\_\_\_

Additional information/comments

I/We authorise you to take up references at any time from the above mentioned bank and trade suppliers including credit reference searches against both the business and the partners/directors personally and understand you will keep a record of those searches and may share that information with other businesses. I/We also agree to comply with your settlement terms (specified within your conditions of sale) and acknowledge safe receipt of a copy of these terms and conditions. A sample of our letter headed paper is attached hereto.

1. Name \_\_\_\_\_ Signature \_\_\_\_\_ Position \_\_\_\_\_  
Home Address \_\_\_\_\_