

## Credit Account Application Form

Customer Account No \_\_\_\_\_

Registered Business and/or Trading Name:			
Registered Address:			
Trading Address(if different):			
Tel No.:	Mobile No.:	Fax No.:	E-Mail:
Type of Business:	PLC. <input type="checkbox"/>	Ltd. <input type="checkbox"/>	Sole Trader. <input type="checkbox"/> Partnership. <input type="checkbox"/>
Nature of Business:			
State How long you have traded as above:		Amount of Credit Requested:	
Person to be contacted for payment of account:			

<u>Limited Companies Only.</u>	Co Registration No:	Date of formation:
Parent/Holding Company (if applicable):		

<u>Sole Traders / Partnerships / Directors details (please continue on a separate sheet of paper if more space is required)</u>	
If residing at present home address for less than three years, Please provide previous address details as well.	
Full Name	Home Address
	Date of Birth
Full Name	Home Address
	Date of Birth
Are any of the directors/owners or partners to this business un-discharged bankrupts?	Yes/No
Have any of the directors, owners or partners of this business held any other credit account with this company?	Yes/No
If so, please list Account Names.	
Directorships in other companies, past and current:	

Are Official Order Numbers Required	Yes / No
-------------------------------------	----------

Name & Address of Bank	Account No:	Sort Code:	Account Manager :
------------------------	-------------	------------	-------------------

Names, Addresses telephone and Fax Numbers of 2 Trade References / Suitable Private Concerns who will give a reference.
1. 2.




Please Note: In processing your application for credit facilities we may make enquiries of credit reference agencies and/or other third parties that may record those enquiries. We may also disclose information about the conduct of your account to credit reference agencies and/or other third parties. The information obtained from or provided to credit reference agencies and/or other third parties may be used when assessing further applications for credit terms, for debt collection, for tracing and for fraud prevention. All information obtained will be compiled and securely stored for use in connection with this application. I/We Understand and agree that your terms for payment are by the end of the month following month of delivery. I/We understand and agree with the Conditions of Sale shown on the reverse of this form. I/We confirm that all the particulars provided above are true and correct.  
PLEASE ATTACH YOUR PRINTED LETTERHEAD TO THIS APPLICATION

Must be signed by a director, All partners or the proprietor of the business.

Signed..... Print Name/s..... Position..... Date.....