



Application for credit account

Name and address of applicant

State FULL name of proprietors/

State FULL trading style, if any

partners and home addresses

Address for invoices/statements if
different from above

Limited company registration No.

Registered office address:

How long business established

Name and job title of payment contact

Telephone number and extension

Fax No. _____

Email address _____

Purchase Order Numbers required on all invoices? YES/NO
delete as appropriate

Please also attach a copy of your letter heading and latest set of accounts.

References

1. Bank name _____ Sort code _____

Address: _____

2. * Trade ref name: _____

Address: _____

3. * Trade ref name: _____

Address: _____

4. * Trade ref name: _____

Address: _____

* Not to be completed by customer - names to be supplied by salesperson.

We note and agree to your standard conditions of sale. We agree to pay for any good/services supplied by you on the stated terms, i.e. ALL invoices are payable 30 days from invoice date.

We authorise you to approach the above referees for a credit opinion

Customer signature _____ Position _____

Date _____

Please return the completed form to Helen Woodruff, Finance