

# APPLICATION FOR CREDIT ACCOUNT

Thank you for your request to open a credit account.

Could you complete and return this application form along with a sample of your headed notepaper.



Full company name	
Invoice address	
Telephone number	Fax number
Accounts contact	Purchasing contact
Accounts email	Purchasing email
Type of business	
Delivery address (if different)	Statement address (if different)
How long has the company been trading?	
SOLE TRADER – PARTNERSHIP – LIMITED COMPANY (please delete as applicable)	
Names of Partners/Directors	
Registration number if Limited Company	
VAT Number	
Partners or Associate companies	
Approximate value of monthly credit required £	
TERMS ARE 30 <sup>TH</sup> MONTH FOLLOWING INVOICE DATE	
BANKERS	
Address	
Sort code	Account number
TRADE REFERENCES x2	
Name	Name
Address	Address
Telephone number	Telephone number
Fax	Fax
email	email
THIS SECTION IS TO BE SIGNED BY THE OWNER, PARTNER OR DIRECTOR	
I/we agree to the payment terms stated above and confirm that the information given is correct.	
Signed	Position
Print	Date

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