

**CREDIT ACCOUNT APPLICATION
COMPLETE IN BLOCK CAPITALS PLEASE**



Full name, Initials, Trading style
.....
.....

Registered Office
.....
.....
.....

Telephone Fax Contact

Invoice Address (if different from above)
.....
.....
.....

Company Registered Number.....

How long established Yrs..... Months..... Credit Limited Required.....Per month

IF NOT a Limited Company please state full names and prove home address of partners:
.....
.....
.....

NAME OF BANKERS:

ADDRESS
.....

BANK SORT CODE: ACCOUNT NO:

TRADE REFEREES:

NAME TELEPHONE:EMAIL.....

ADDRESS
.....

NAME TELEPHONE:EMAIL.....

ADDRESS
.....

I/We declare that the above information is correct. I/We authorize you to make enquiries in relation to this account at your discretion. I/We understand that you may refuse opening an account without giving reason.

NAME(S) SIGNATURE(S)

POSITION DATE

A LETTERHEAD FROM THE APPLICANT MUST BE INCLUDED