



CREDIT ACCOUNT APPLICATION

PART A: To be completed by all customers

Trading name.....

Trading address.....

.....

.....Tel no.....Fax no.....

Website.....Email Address.....

Invoice address.....

.....

Date established...../...../..... Credit limit required.....

Bankers name and address.....

.....

A/c Name.....A/c No.....Sort code.....

If requested, would you be prepared to provide a directors guarantee? YES / NO

PART B: For limited companies only

Registered office.....

.....

Vat No.....Reg No.....Date incorporated...../...../.....

PART C: For sole traders or partnerships only. Full names and private addresses of Proprietor or partners

1. Name.....

2. Name.....

Address.....

Address.....

.....

.....

.....

Time at address.....yrs.....mths

.....

Time at address.....yrs.....mths

PART D: For all customers. Names and addresses of three trade references:

1. Company name and address.....
.....

Tel no..... Fax no.....

2. Company name and address.....
.....

Tel no..... Fax no.....

3. Company name and address.....
.....

Tel no..... Fax no.....

PART E: For all customers. Order numbers and payment of account:

Are order numbers required for payment of invoices YES / NO

Personnel authorised to issue order numbers (name & job title).....
.....

Who is responsible for paying your accounts?
.....

Do you have Insurance cover for hired in plant YES / NO Insurer.....

Policy No..... Tel.....Please attach copy of schedule

Note: Payment terms are strictly thirty days from the date of invoice.

We welcome payment by bacs, settlement discounts are available for prompt payment,

Would you like details YES / NO

I / We hereby request you to open a credit account under the "terms and conditions" stated
overleaf which I / we have read and understood.

Signed..... Printed.....

Position..... Date.....

Please attach a copy of your letterhead with this application.