

CREDIT APPLICATION FORM



COMPANY DETAILS

COMPANY NAME

TRADING ADDRESS

TOWN/CITY

COUNTY

POSTCODE

TEL

FAX

EMAIL

NO. OF YEARS TRADING

REG NO

REGISTERED ADDRESS

(IF DIFFERENT FROM ABOVE)

TOWN/CITY

COUNTY

POSTCODE

BANK DETAILS

NAME

SORT CODE

A/C NO

BANKERS ADDRESS

MAXIMUM CREDIT REQUIRED

£

PER MONTH

PURCHASING CONTACT

NAME

POSITION

TEL

EMAIL

ACCOUNTS CONTACT

NAME

POSITION

TEL

EMAIL

TRADE REFERENCES

COMPANY 1

COMPANY 2

CONTACT

COMPANY NAME

ADDRESS

TEL

FAX

Payment Terms: 30 days from date of invoice

DECLARATION FROM CREDIT APPLICANT

We hereby request that you open a credit account. I, being an authorised Officer of the business, do agree that all accounts issued to us will be paid in accordance with your terms and conditions.

NAME

POSITION

SIGNED

DATE

OFFICE USE ONLY

A/C REF

DATE OPENED