

CREDIT ACCOUNT APPLICATION FORM

- **PLEASE COMPLETE ALL SECTIONS** - failure to do so may cause a delay in processing your application
- **PLEASE ATTACH A LETTER HEAD**

TRADING NAME		INVOICE NAME	
TRADING ADDRESS		INVOICE ADDRESS	
POST CODE		POSTCODE	
TEL NO	FAX NO	TEL NO	FAX NO
SALES E-MAIL		**ACCOUNTS E-MAIL	
** WE WILL E-MAIL MOST INVOICES AND STATEMENTS UNLESS YOU REQUEST OTHERWISE			
SALES/OPPERATIONS CONTACT		ACCOUNTS CONTACT	
MANAGING DIRECTOR CONTACT		FINANCIAL DIRECTOR CONTACT	
REGISTERED NAME		VAT NO	
REGISTERED CO. NO		BUSINESS ACTIVITY	
PARENT / SISTER COMPANY		HOW LONG TRADING?	
ESTIMATED MONTHLY CREDIT REQUIRED? £		HOW DO YOU NORMALY PAY:- CHEQUE / CASH / BACS	

PLEASE SUPPLY DETAILS OF 2 COMPANIES THAT WE MAY CONTACT FOR TRADE REFERENCES
(excluding associated companies and suppliers of fuel or tyres).

NAME	NAME
ADDRESS	ADDRESS
POST CODE	POST CODE
TELEPHONE NO	TELEPHONE NO
FAX NO	FAX NO

PLEASE SUPPLY YOUR BANK DETAILS

NAME OF BANK	BANK ADDRESS
SORT CODE	
ACCOUNT NO	
ACCOUNT NAME	

TERMS OF CREDIT – 30 DAYS AFTER MONTH OF INVOICE .

CONDITIONS OF CARRIAGE AND STORAGE AS PER RHA 1998

I/WE AGREE TO THE TERMS OF CREDIT AND TO YOUR TERMS AND CONDITIONS OF TRADING

SIGNED:	POSITION:
PRINT NAME:	DATE: