

## CREDIT ACCOUNT APPLICATION FORM

- **PLEASE COMPLETE ALL SECTIONS** - failure to do so may cause a delay in processing your application. Limited companies need not complete the area marked \*\*\*
- **PLEASE ATTACH A LETTER HEAD**

|                 |        |                   |        |
|-----------------|--------|-------------------|--------|
| TRADING NAME    |        | INVOICE NAME      |        |
| TRADING ADDRESS |        | INVOICE ADDRESS   |        |
| POST CODE       |        | POSTCODE          |        |
| TEL NO          | FAX NO | TEL NO            | FAX NO |
| E MAIL ADDRESS  |        | E MAIL ADDRESS    |        |
| TRADE CONTACT   |        | ACCOUNTS CONTACT  |        |
| REGISTERED NAME |        | VAT NO            |        |
| REGISTERED NO   |        | BUSINESS ACTIVITY |        |
| PARENT COMPANY  |        | HOW LONG TRADING  |        |

### \*\*\*SOLE TRADERS/PARTNERSHIPS – PLEASE COMPLETE PROPRIETORS DETAILS

**Please give details of all partners and addresses for the last 5 years (continue on separate sheet if necessary).**

*The information which you provide may be disclosed to a licensed credit reference agency which will retain a record of any search. It may be used by other lenders in assessing applications from you and other members of your household and for occasional debt tracing and fraud prevention.*

|                                |          |                                |          |
|--------------------------------|----------|--------------------------------|----------|
| SURNAME                        | DOB / /  | SURNAME                        | DOB / /  |
| FORENAME(S)                    |          | FORENAME(S)                    |          |
| HOME ADDRESS                   |          | HOME ADDRESS                   |          |
| POSTCODE                       |          | POSTCODE                       |          |
| HOME TELEPHONE NO              |          | HOME TELEPHONE NO              |          |
| HOME FAX NO                    |          | HOME FAX NO                    |          |
| LENGTH OF TIME AT THIS ADDRESS | MTHS YRS | LENGTH OF TIME AT THIS ADDRESS | MTHS YRS |

### 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 | ADDRESS |
| SORT CODE    |         |
| ACCOUNT NO   |         |

**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:     |