



APPLICATION TO OPEN A CREDIT ACCOUNT

We request the facility of a Credit Account and agree to the payment terms included in your standard Conditions of Sale: ie. Nett Monthly Account – payment within the month following the month of delivery of the goods. We understand that should your payment terms not be complied with, the credit facility may be withdrawn without notice.

Type of Company: Plc Limited Partnership Sole Trader

Company / Trading Name: _____

Company Reg No: _____ Year EST: _____

Invoice Address: _____

Postcode: _____

Land line Tel No: _____ Fax No: _____

Mobile No: _____ Email: _____

Business Type: _____

Accounts Contact Name: _____

Monthly Credit Request: _____ Order Nos REQ: Yes No

If Different

Tel No for Accounts: _____ Accounts Email: _____

Principal Director(s) or Partners(s)

Person 1 - Name: _____

Person 1 - Home Address: _____

Person 2 - Name: _____

Person 2 - Home Address: _____



Reference 1

Company Name: _____

Company Address: _____

Contact No: _____ Email _____

Reference 2

Company Name: _____

Company Address: _____

Contact No: _____ Email _____

Banking Information

Bank Name: _____

Bank Address: _____

_____ Postcode: _____

Sortcode: _____ Account Number: _____

This form must be signed by the sole trader, all partners and if a limited company a duly authorised director/member. In processing your application for credit facilities we may make some enquiries of credit reference agencies and other third parties. The information obtained from or provided to credit reference agencies or other third parties may be used when assessing further applications for credit terms, for debt collection, for tracing and for fraud prevention.

I the undersigned hereby confirm that if credit facilities are approved the account will be paid as per your terms and conditions. Failure to provide information requested may result in a delay of the account being opened.

Applicants Name: _____ Position: _____

Signature: _____ Date: _____