



CREDIT ACCOUNT APPLICATION FORM

YOUR DETAILS

Trading Name:

Trading Address:

Contact Name:

Telephone No.

Fax No.

Position:

Profession/Trade:

Parent Company (if applicable)

Registered Office
(if different from above):

Company Reg No :

VAT No :

Year Established :

YOUR BUSINESS DETAILS

Sole Trader

Partnership

Ltd Company

Plc

If Other please state:

If a Sole Trader/Partnership, please list names of principle/partners:

Name:

Name:

Address:

Address:

Telephone No.

Telephone No.

If a Limited Company trading less than 3 years, please list details of directors:

Name:

Name:

Address:

Address:

Telephone No.

Telephone No.

TRADE REFERENCES

Reference One

Reference Two

Company Name:

Company Name:

Address:

Address:

Telephone No.

Telephone No.

Fax No.

Fax No.

Contact Name:

Contact Name:

Position:

Position:

NEW ACCOUNTS

Credit Accounts cannot be opened under the minimum amount in operation at the time of placing the order. Customers wishing to open a credit account must furnish two trade references. We may additionally at our discretion seek a bank reference, and by signing this Credit Account ApplicationForm, you are authorising us to approach your bankers in this respect.

BANK DETAILS

Name of Bank/Building Society:

Address:

Account Number:

Sort Code:

DECLARATION

By signing this agreement you declare that: (a) the information contained in this form is true and correct (b) you have read and understood its terms (c) you are authorised to bind the account holder to this agreement by signing it.

Signature _____

Position In Business:

Name (PRINT) _____

Date:

Please enclose a copy of the company's current letterhead