

CREDIT ACCOUNT APPLICATION FORM

(Subject to satisfactory credit checks)

Company Name: _____

Registration No: _____ Parent Company/Group: _____

Invoice Address: _____

Telephone No: _____ Accounts Email: _____

General Email: _____ Web: _____

Approximate Amount of Credit required: £ _____ (subject to credit status)

Trade References: Please give names & addresses of two suppliers.

(1) _____ (2) _____

Telephone No: _____ Telephone No: _____

Email: _____ Email: _____

I/We have read your Terms & Conditions and agree to adhere to them.

I/We agree to pay the account strictly in accordance with your normal credit terms which are 30 days Nett.

Print Name: _____ Signature: _____

Position: _____ Date: _____