

APPLICATION FOR CREDIT ACCOUNT

Thank you for your request to open a credit account, we would be grateful if you could complete and return this application form along with a sample of your headed notepaper as soon as possible.



Full company name	
Invoice address	
Telephone number	Fax number
Accounts contact	Purchasing contact
Type of business	

Delivery address (if different)	Statement address (if different)

How long has the company been trading?
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SOLE TRADER – PARTNERSHIP – LIMITED COMPANY (please delete as applicable)

Names of Partners/Directors

Registration number if Limited Company
VAT Number

Partners or Associate companies

Approximate value of monthly credit required £
INVOICES ARE TO BE PAID 30 DAYS AFTER THE DATE ON THE INVOICE

BANKERS	
Address	
Sort code	Account number

TRADE REFERENCES x2	
Name	Name
Address	Address
Telephone number	Telephone number

THIS SECTION IS TO BE SIGNED BY THE OWNER, PARTNER OR DIRECTOR	
I/we agree to the payment terms stated above and confirm that the information given is correct.	
Signed	Position
Print	Date

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