

CREDIT ACCOUNT APPLICATION FORM

TO BE COMPLETED BY THE CLIENT

BLOCK CAPITAL ONLY. PLEASE ENSURE ALL SECTIONS ARE COMPLETED



SECTION 1 - CONTACT DETAILS

COMPANY NAME:

INVOICE ADDRESS

DELIVERY ADDRESS (If different)

POSTCODE:

POSTCODE:

TEL NO:

PURCHASING CONTACT:

EMAIL:

ACCOUNTS CONTACT:

EMAIL:

SECTION 2 - COMPANY DETAILS

NUMBER OF YEARS ESTABLISHED:

CREDIT LIMIT REQUIRED: £

BANK NAME:

ACCOUNT NAME:

BANK ADDRESS:

POSTCODE:

ACCOUNT NUMBER:

SORT CODE:

TRADING STYLE:

(Please select, then fill in appropriate section below)

LTD COMPANY:

(Go to 2A)

SOLE PROPRIETOR/PARTNERSHIP

(Go to 2B)

2A (For Ltd Co)

LTD CO REG NO:

VAT NO:

2B NAMES & ADDRESSES OF PROPRIETORS (For Sole Proprietor/ Partnership)

1.

POSTCODE:

D.O.B

2.

POSTCODE:

D.O.B

SECTION 3 - CUSTOMER ACCEPTANCE

NAME:

SIGNATURE:

POSITION:

DATE: