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DE12 8EW



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APPLICATION FOR CREDIT ACCOUNT

Full Trading Name : _____

Full Trading Address : _____

Tel. Number : _____ Fax Number : _____

Type of Company (Limited, Sole Trader etc..) : _____

Registered address if different : _____

VAT Registration number (If applicable) : _____

Company Registration number (if applicable) : _____

Bankers Name & Address _____

Account Number _____

Sort Code _____

Credit Limit Required _____

Trade Reference 1

Trade Reference 2

I/we accept your terms and conditions of sale and hereby request you to open a credit account

Signed : _____

Print : _____

Position : _____

Date : _____