

CREDIT ACCOUNT APPLICATION FORM

Full Trading Name of Company:		
Nature Of Business:	Date Registered/Started Trading:	
Full Trading Address:		
Company Tel Number:	Mobile:	
Fax No:	Email Address:	
VAT No: (If Applicable):	Registration No. (If Ltd Company):	
Accounts Contract:	Accounts Tel No:	
Credit Required:	Order No. Required	Yes <input type="checkbox"/> No <input type="checkbox"/>

List Full Name/s & Private Address/s of Proprietors/s or of Director/s (Please Print)		
Name:	Address:	
Please Indicate If House Is Owned: Outright <input type="checkbox"/> Subject to Mortgage <input type="checkbox"/> Leasehold <input type="checkbox"/> Freehold <input type="checkbox"/>		
Name:	Address:	
Please Indicate If House Is Owned: Outright <input type="checkbox"/> Subject to Mortgage <input type="checkbox"/> Leasehold <input type="checkbox"/> Freehold <input type="checkbox"/>		

For Limited Companies Please Complete the Attached Director's Guarantee Sheet.

Name & Address of Bank:	
A/C No:	Sort Code:

Name's & Address for Trade Reference	
Ref 1:	Ref 2:
Tel No:	Tel No:
Fax:	Fax:

I/We Hereby Apply for an Account and Agreed To Pay Within 30 Days of the End of The Invoiced Month.	
Authorised Signatory:	Name (Print):
Position:	Date:

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