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CREDIT ACCOUNT APPLICATION

Name: _____

Address: _____

Post Code: _____

Tel No: _____ Fax Number: _____

Company Form (*sole trader/partnership/Ltd company/plc*) _____

Company Registration Number: _____

Names & Addresses of proprietors/partners/directors **Tel No's:**

Trade Reference 1

Trade Reference 2

Tel: _____

Tel : _____

Credit Limit required £ _____ *Payment Terms: Full payment within 30 days of invoice date*

- A: We reserve the right to request immediate payment if this limit is exceeded or payment is late.
- B: We reserve the right to alter your credit limit at any time without notification to yourselves.
- C: Late Payments: No collections or deliveries until payment is made.

I/We request a credit account be opened in the above name. I have read and accept the terms and conditions above and I confirm that I am an authorised signatory for this company.

Authorised Signature: _____ Print Name: _____

Position: _____ Date: _____

PLEASE ENCLOSE A COPY OF YOUR HEADED NOTEPAPER