



Account Application Form

Company Name: _____	Trading As: _____ <i>(if different)</i>
Invoice Address: _____ _____ _____	Delivery Address: _____ <i>(if different)</i>
Post Code: _____	Post Code: _____
Telephone No: _____	Fax No: _____
Mobile No: _____	Email: _____
Company Reg. No: _____	VAT No: _____
Number of Years Trading: _____	Credit Limit Required: £ _____
Nature of Business: _____	Accounts Contact: _____
<u>Names and Address of Principals/Partners.</u>	
Name: _____	Name: _____
Address: _____ _____ _____	Address: _____ _____ _____
Post Code: _____	Post Code: _____
DOB: _____	DOB: _____

<u>Trade References</u>	
Company Name: _____	Company Name: _____
Telephone No: _____	Telephone No: _____
Fax No: _____	Fax No: _____
Contact Name: _____	Contact Name: _____

Director(s) / Partner(s) declaration
I hereby request you to open a credit account. I, being an authorised officer of this business, do agree that payment of all accounts will be received by you (our supplier) 30 days from month end of invoice. I/We appreciate that adherence to this obligation is the essence of the contract between us. I/We also give consent to a credit check.

Name (please print): _____	Position: _____
Signed: _____	Date: _____

Please attach company letterhead and fax back on the number below.