

CREDIT ACCOUNT APPLICATION FORM

Full Trading Title:	
* Registered Office Address:	*Trading Address:
*Postcode	*Postcode
*Telephone:	Fax:
*Accounts Contact:	Email:
*Office Suppliers Buyer:	Email:
No Of Employees:	<input type="checkbox"/> 1-10 <input type="checkbox"/> 10-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 100+
Nature of Business:	Monthly credit limit required: £ * Estimated monthly spend: £
*Company Reg. No.	* Date of Incorporation:

NB: OUR CREDIT TERMS ARE STRICTLY 30 DAYS FROM END OF TRADING MONTH

DIRECTORS/PROPRIETORS DETAILS - must be completed for non - limited company.

Name 1:	Date of Birth:
Home Address:	
Postcode:	Telephone:
Name 2:	Date of Birth:
Home Address:	
Postcode:	Telephone:
*TRADE REFERENCE 1: Name & Address	*TRADE REFERENCE 2: Name & Address
Telephone:	Telephone:
BANK DETAILS	
Account Name:	
Bank Name:	
Bank Address:	
Sort code:	Account No:

TERMS & CONDITIONS:

- 1) Our acceptance of your application is conditional upon the understanding that our credit terms are adhered to at all times. Where accounts are overdue, deliveries will be suspended & after 7 days notice, proceedings may be taken for recovery of all outstanding monies plus costs.
- 2) It is condition precedent of all contracts that property in the goods does not pass until paid for in full & we reserve the right to enter customer's premises to recover goods not paid for or, where those goods have been re-sold, the proceeds of the sale.

Authorised Signatory:
Signed:
Print Name
Date:

Please return the original signed form along with a copy of your company letterhead

***ALL ITEMS MARKED WITH AN ASTERISK ARE MANDATORY**

OFFICE USE ONLY

Credit rating:	Account type granted:	
Trade Ref info:	Credit Account	Y N
	Card Only Account	