

CREDIT ACCOUNT - APPLICATION FORM

CUSTOMER INFORMATION

LTD COMPANY

Business Name _____
 Trading Address _____
 _____ Post Code _____
 Nature Of Business _____ How Long Established _____
 Tel No: _____ Mobile: _____ Fax No: _____
 Email: _____ Accounts Contact _____
 Vat No _____ Company Registration No. _____
 Registered Office Address if different from above _____

NON-LIMITED COMPANY

Business Name _____
 Name of all Partners _____
 Home Address/s _____

 Date Of Birth/s _____
 Tel No: _____ Email Address _____

REQUIRED DOCUMENTATION

Non Limited Company Only - Driving Licence or Passport Please Tick
 2 x Home Utility Bill (dated within the last 60 days)
 Limited & Non Limited Company - 2 x Trade References
 Name 1. _____ 2. _____
 Address _____

 Tel No. _____
 Amount of Credit Required £ _____

Bank Details

Bank Name _____ Sort Code _____
 Address _____ A/c No. _____

 Post Code _____

TERMS AND CONDITIONS READ AND AGREED BY CUSTOMER

Signature _____
 Print Name _____
 Position in Company _____
 Date _____