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COM006 – ISSUE 1

Credit Account Application Form

Business Name:

Business Address:

..... Post Code:

Tel No: Fax No: E-mail:

Company Registration No: VAT Number:

Invoicing Address (if not as above):

..... Post Code:

Accounts E-mail address for Statements:

Registered Office (if a partnership, please supply Names & Addresses of Partners):

..... Post Code:

Business Established for: Yrs / Mths Number of Employees:

Bankers Name & Address:

..... Post Code:

Expected Monthly Credit: £.....

Please supply the details of **TWO** trade references:

Contact Name: Company Name:

Address:

..... Tel No: Fax No:

Contact Name: Company Name:

Address:

..... Tel No: Fax No:

I / We accept your Standard Conditions of Sale (copy available on request), and agree that your Terms are strictly **30 days** Net from date of invoice. I attach / forward a copy of our Company Letter Head with this form.

Signed: Please Print Name:

Date: / / Position in Company/Partnership:

Please allow up to 14 days from application for the application to be processed

Ref:-



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