



Company Information

Company Name _____
Co Registration No _____
(If applicable)
Address _____

Postcode _____

Partnership/Sole Trader _____
Main Telephone No _____
Main Fax No _____
VAT No _____
Length of Time in Business _____

Account Contact Details

Contact Name _____ Telephone No _____
E-mail _____ Fax No _____
Value of Credit required £ _____ To £ _____
Do you require order numbers or any other paperwork to pass invoices for payment? YES NO
(If not indicated Yes, we will assume No)

Bank Details

Bank Name _____ Account Name _____
Bank Address _____ Account No _____

Sort Code _____

Postcode _____

Trade References (No Fuel or Utilities Suppliers)

Name _____	Name _____
Address _____	Address _____
_____	_____
_____	_____
Postcode _____	Postcode _____
Tel No _____	Tel No _____
Fax No _____	Fax No _____
Average Monthly Credit £ _____	Average Monthly Credit £ _____

Agreement / Authorisation

I/We hereby certify that all information given in this application is complete and accurate.
In consideration of the granting of credit facilities I/we agree to settle the account by the **end of the month following purchases**.
I/We understand that non-compliance may lead to the restriction of the supply of goods/services and withdrawal of credit facilities. Interest may be charged on overdue accounts.

Signed _____ Name _____
Date _____ Title _____