

COMPANY DETAILS
Name:
Address:
Post Code:
Tel. No.
Fax No
VAT No
Accounts contact:
Accounts Tel No:
Accounts Fax No:
Accounts Email:
Nature of business:
And the length of time you have been trading: yrs mnths
If you have previously traded under a different name please give full details overleaf
LIMITED COMPANY DETAILS
Registered number:
Registered office:
Full names of all directors:
BANK DETAILS
Bank name:
Address:
Tel No:
Sort code:
Account No:
Account name:
Credit limit required:

PARTNERSHIP/SOLE TRADER
Full names & address of ALL proprietors of the business.
Name:
Address:
Name:
Address:
Name:
Address:
Continue overleaf if required.
TRADE REFERENCES Please supply TWO references. Any interest in the above company must be declared in full overleaf.
Company name:
Address:
Post Code:
Contact name:
Tel. No.
Fax No.
Company name:
Address:
Post Code:
Contact name:
Tel. No.
Fax No.

DECLARATION: (to be signed by a Company Director, a Partner or Cheque Signatory)	
I / We authorise the above bank to provide a Banker's opinion on this account, if requested, and agree that all charges should be deducted from our account.	SIGNED
I / We hereby apply for a Credit Account and confirm that all particulars are correct.	DATE
I / We understand that payment is due no later than 30 days from date of invoice and we agree to pay on these terms.	NAME (Block capitals)
IF THE INVOICE ADDRESS IS DIFFERENT FROM THE COMPANY ADDRESS GIVEN ABOVE PLEASE ADVISE FULL ADDRESS.	POSITION