



APPLICATION FOR CREDIT ACCOUNT

Please note all un-shaded sections MUST be completed

COMPANY NAME	
INVOICE ADDRESS	DELIVERY ADDRESS
POST CODE	POST CODE
PURCHASE CONTACT	INVOICE CONTACT
TEL NO	TEL NO
FAX NO	FAX NO
PURCHASE EMAIL	
INVOICE EMAIL	
WEB ADDRESS	
CREDIT LIMIT REQD	
VAT REG NUMBER	CO REG NUMBER

TRADE REFERENCES	
NAME	NAME
ADDRESS	ADDRESS
CONTACT	CONTACT
TEL NO	TEL NO
FAX NO	FAX NO

BANK NAME & ADDRESS	
ACC CODE	SORT CODE

I/we hereby apply for a credit account. To comply with current data protection law, I/we confirm in writing my/our authorisation to approach the above named for a trade reference. I/we understand that all invoices are due for payment 30 days from date of invoice. I/we have read and agree to your terms of sale.

Signed..... Name..... Date.....

ACC REF	REQUESTED VIA WEB	DATE
REFS RECEIVED	ACCOUNT AGREED BY	
PRICE BAND	ANALYSIS CODE	