



Credit Account Application Form

Originated By: _____

Date: _____

Business Details

Customer Name _____

Address Line 1 _____

Address Line 2 _____

Town _____

County _____

Post Code _____

Company Tel _____

Company Email _____

Company Reg _____

VAT Number _____

Purchasing Contact

Full Name _____

Telephone _____

Email _____

Position _____

Account Contact

Full Name _____

Telephone _____

Email _____

Position _____

Additional Details

Do you require goods to be supplied against an official order number? (Please tick below)

Yes

☐

No

☐

If no, please state names and positions of who can place orders for your company.

Full Name _____ Position _____

Full Name _____ Position _____

Full Name _____ Position _____

Please describe the nature of your business.

Trade References

Company Name _____

Address Line 1 _____

Town _____ County _____

Telephone _____ Email _____

Years you have been trading with this company _____

Company Name _____

Address Line 1 _____

Town _____ County _____

Telephone _____ Email _____

Years you have been trading with this company _____

Sign _____ (authorised signatory) Date _____

Print _____ Position _____

By signing this document you are agreeing to our terms and conditions of sale, of which a copy can be obtained from our office at any time. We would like to draw your attention in particular to clause 8, risk & property.