

Application for credit account



Registered Company Name & Address:

Legal Structure (please tick)

Sole Trader Partnership Ltd Co

Type of Business:

Vat No:

Accounts Contact:

Email:

Purchasing/Buyer Contact:

Email:

Bank Name & Address:

Trade Reference:

Tel:

Fax:

Customer Signature

Please Print:

Invoice/Statement Address: (if different)

Registration Number:

Date Established:

Credit required:

Tel:

Fax:

Tel:

Fax:

Account No:

Sort Code:

Trade Reference 2:

Tel:

Fax:

Position in Company:

Date:

PLEASE FAX BACK THIS FORM TO: 0161 430 5946