



Credit Account Application Form (v1/10/sg)

Thank you for applying to open an account with us. Please complete this form and return it to us at the address at the bottom of this page. Please note only the **Proprietor** or a **Company Director** can sign this application form, all items listed (*) are required to process an application for a credit account.

*Name of Business

*Address

*Telephone (Landline Req).....Fax Number.....

*Proprietor / Director

*Payment Contact Name.....Tel Number.....

*Order Contact NameTel Number.....

*E-mail address

*Legal Status (Please Tick) **If Sole Trader please enter home address.

Private Limited Company **Statutory Body**

Public Limited Body **Partnership**

Trust **Sole Trader**

No of Years Trading..... Company Number.....

Please provide details of TWO referees to allow us to obtain trade references.

*Business Name Business Name.....

*Contact..... Contact.....

*Position..... Position.....

*Addresses..... Addresses.....

.....

*Post Code..... Post Code.....

*Contact number (landline Required)..... Contact number

Print Name

Signed**Date**.....

Office Use Only – Sales Ref – SJS – DB – FR – VM

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