

Please tick which account type required:

- Monthly
 Payment as our monthly terms
- Cash & Carry
 Payment on collection/prior to delivery
- Payment on Order
 Payment on placement of order

APPLICATION FOR COMMERCIAL CREDIT

Company Name:
Address:
Postcode:
Tel No:
Email:
Contact Name:
Year Co. began trading:

If you are a Limited Company please complete:
Registered No:
Registered Office:

Trade Reference (1):
Address:
Tel No:

If you are a partnership or sole trader, please give full details of all proprietors/partners:
1. Name:
Address:
2. Name:
Address:
3. Name:
Address:

Trade Reference (2):
Address:
Tel No:

Bank Name:
Address:
Tel No:
Sort Code:
Account No:

Credit Limit Required: £

Declaration
 I/We hereby apply for a Credit Account and confirm that:
 1. All information provided above is correct
 2. That I/We have read and agree to the company's terms & conditions of trade and will settle all accounts within your stated credit terms
 3. That I/We agree to having a credit check taken in relation to this application.

SIGNED: _____ Position: _____
 Name (block caps): _____ Date: _____

Special Instructions (Please tick if required)

- Order Number Reference Email invoices/statements (please ensure email address is provided)