



Trade Credit Account Application Form

Date:

Company Details:

Company Name:			
Address:			
Phone:	Fax:	www.:	
Company Type:		Date Business Established:	

Registered Company Detail

Company Registration Number:	VAT Number:
Registered Address:	

Contact Details

Position:	Contact name:
Email:	Mobile:

Trading References x2

Ref 1 – Co Name:	Ref 2 – Co Name:
Ref 1 – Contact:	Ref 2 – Contact:
Ref 1 – Tel:	Ref 2 – Tel:

Credit Limit

Credit Limit Applied For:

Bank Details

Bank Name:	Account Name:
Sort Code:	Account Number:
Branch Address:	
Postcode:	Country:
Invoice by Email: YES NO Email Address:	

In applying for credit facilities, we agree to the terms and conditions offered by the Company, including payment strictly 30 days month end following date of invoice. Any queries or disputes of invoices are to be made in writing within 10 days of date of invoice. I/We believe the above information given to be full and correct.

Signed:
Name in Capitals:
Position:
Date:

Please return this form by email, fax or post.

PLEASE ATTACH A COPY OF YOUR HIRED IN PLANT INSURANCE WITH THIS FORM