

Credit Account Application Form



Company Name: _____

Trading Address: _____

Registered Address: _____

Purchasing Contact Details

Name: _____

Tel No: _____

Email: _____

Type of Company: _____

Years in Business: _____

Amount of monthly credit required: _____

Account Contact Details

Name: _____

Tel No: _____

Email: _____

Company Reg No: _____

VAT Reg No: _____

If NOT a Limited Company please supply full names and addresses for all Partners

Bank Name and Address: _____

Trade Reference 1

Name: _____

Address: _____

Tel No: _____

Email: _____

Name: _____

Position: _____

Signature: _____

Trade Reference 2

Name: _____

Address: _____

Tel No: _____

Email: _____