

APPLICATION FOR CREDIT ACCOUNT

Full Trading Name: _____

Trading Address: _____

_____ Post Code: _____

Tel. No: _____ Mob. No: _____ Fax No.: _____

Email: _____

Please indicate if you would like your statements and invoices sent via: Email or Post

Please tick appropriate boxes:

Limited Company Partnership LLP Sole Trader Home Owner Tenant

If Limited Company or PLC: Year of Incorporation _____ Registration Number _____

Sole Traders must provide copy of current utility bill before application can be considered Utility bill enclosed

Home Address if Different From Above _____

_____ Post Code _____

Maximum Credit Required: £ _____

Full Name of Person Responsible for Payment of Account on Time: _____

Name and Address of Bankers: _____

_____ Post Code _____

REFERENCES:

Please give name, address, and fax number of three suppliers with whom you have a credit account

	Name	Address	Fax Number
1			
2			
3			

PLEASE NOTE WE CANNOT ACCEPT FAX OR EMAIL COPIES OF THIS FORM, ORIGINALS ARE REQUIRED

DECLARATION BY CREDIT APPLICANT. **Must be signed by a Director(s) if a Limited company/member of LLP.**

I being an authorised Officer of this business agree to your terms and conditions and that payment of all accounts will be received by you (our supplier) within your stated credit terms. I confirm that I am a Director/Proprietor of the above company/business and that in consideration of your continuing to supply them, I hereby guarantee all liabilities of the above company/business to yourselves howsoever arising, and I undertake to indemnify you immediately on first demand, without set-off or deduction in respect of all losses, claims, damages, costs and any other indebtedness which may arise. This guarantee is a continuing security and primary obligation which shall not be affected by any waiver, release or indulgence allowed to the above company. I give permission for you to undertake a credit reference agency search.

Signed.....Full Name (Please Print).....

Date.....

Signed Full Name (Please Print).....

Date.....

For Office Use Only

Submitted By Authorised by NN References Scanned & Letter Sent Account No.

WEBSITE				
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