

# Credit Account Application Form



## Company Details

Trading Name	Telephone No.
Type of Business	Office e-mail
Full Address	Limited Company
Postcode	Company Reg. No
	Date Established

## Full Name & Home Address of Directors/Partners

(Please complete if not a Limited Company)

Full Name	Full Name
Address	Address
Postcode	Postcode

## Trade References

Name	Name
Address	Address
Postcode	Postcode
Telephone No.	Telephone No.

## Online Ordering Access Request

Name	Name
Position	Position
Telephone No	Telephone No
E-mail	E-mail

If you require additional employee access, please forward their details separately.

Purchasing Name	Accounts Name
Telephone No	Telephone No
E-mail	E-mail

**Our Terms of Payment are that payment must be made by the 30<sup>th</sup> of the month, following the month in which goods are invoiced.**

Print Name	Date
Position	Signed

I/We apply for a credit account subject to your terms and standard conditions of sale.

**Once completed, please return the form and enclose a sample of your Company letterhead.**

