



## APPLICATION FOR CREDIT ACCOUNT

Please note all un-shaded sections MUST be completed

COMPANY NAME	
INVOICE ADDRESS	DELIVERY ADDRESS
POST CODE	POST CODE
CONTACT	CONTACT
TEL NO	TEL NO
FAX NO	FAX NO
INVOICE EMAIL	
PURCHASE EMAIL	
WEB ADDRESS	
CREDIT LIMIT REQD	
VAT REG NUMBER	CO REG NUMBER

TRADE REFERENCES	
NAME	NAME
ADDRESS	ADDRESS
CONTACT	CONTACT
TEL NO	TEL NO
EMAIL	EMAIL

BANK NAME & ADDRESS	
ACC CODE	SORT CODE

I/we hereby apply for a credit account. To comply with GDPR, I/we confirm in writing my/our authorisation to approach the above named for a trade reference and your preferred credit referencing agency. I/we understand that all invoices are due for payment 30 days from date of invoice. I/we have read and agree to your terms of sale.

Signed..... Name..... Date.....

ACC REF	SOURCE	DATE
BUSINESS TYPE	ACCOUNT AGREED BY	
PRICE BAND	TERMS	ACC MGR