



## **CREDIT ACCOUNT APPLICATION FORM**



COMPANY INFORMATION	/PARTNERSHIP/SOLE TRADER
Company Name:	
REGISTERED OFFICE ADDRESS	PURCHASING & DELIVERY DETAILS
Invoice Address:	Delivery Address:
Address:	Address:
Post code:	Post code:
Contact:	Contact:
Position:	Position:
Tel no:	Tel no:
Fax no:	Fax no:
E-mail:	E-mail:
(nb - used for statements etc)	
Type of business (Ltd Company, sole trader etc):	
Full name(s) and home address(es) of individual (s) if a	
Partnership or a Sole Trader:	
Company registration number (if applicable):	
VAT registration number:	
Your Website Address:	
Nature of business:	
How long has the business	
been established? Where are you looking to sell these products	
been established?	
Credit limit required:	_
This should be sufficient to cover two months' trading	£
	ICES - Must be completed
Company	Company
Name:	Name:
Address:	Address:
Post code:	Post code:
Tel no:	Tel no:
Fax No E-mail:	Fax No E-mail:
	LARATION
	we accept the standard credit terms of payment by before
delivery for Overseas customers and payment within 30	
Authorised Signatory:	Name:
Position:	
Date:	