



CREDIT ACCOUNT APPLICATION FORM

Company Details

Name: [] Registration No: []
Invoice Address: [] VAT Registration No: []
[] Phone No: []
[] Fax No: []
[] Accounts Contact: []
Post Code [][][][] [][][][] Credit Required. £ [][][][]

Bank Details

Name: [] Post Code: [][][][] [][][][]
Address: [] Account No: [][][][][][][][]
[] Sort Code: [][][] - [][][] - [][][]
[]
[]

Trade References

Company Name: [] Company Name: []
Address: [] Address: []
[] []
[] []
[] []
Post Code [][][][] Post Code [][][][]

Our terms and conditions of sale shall prevail. By signing this form, you are agreeing to the terms stated therein. Note: We understand and will exercise our statutory right to interest under the Late Debts (Interest) Act 1998, if we are not paid in full by the agreed date.

Signed: [] Position: []
Print: [] Date: [][][] / [][][] / [][][][][]

Please note that an authorised signatory of the company must sign this form.

Please return with your official company letterhead.

Fax to: 0161 427 0033 or post to the address below.