



CREDIT ACCOUNT APPLICATION

YOUR COMPANY DETAILS

Company Name:	Nature of Business:
Your Name:	Email:
Address:	
	Postcode:
Tel:	Fax:
Accounts Payable Contact & Email:	Vat Reg No:
Company Reg No:	Date Business Commenced Trading: / /
Approximately how many consignments do you send each month?	

YOUR BANK DETAILS

Bank Name:	
Address:	
	Postcode:
Account No:	Sort Code:

PLEASE PROVIDE DETAILS OF TWO TRADE REFERENCES

Company Name:	Contact:
Email Address:	Telephone:
Company Name:	Contact:
Email Address:	Telephone:

CREDIT TERMS & REQUIREMENTS

Invoices will be rendered monthly. Payment is due 30 days from date of Invoice. Credit allowed subject to satisfactory references & credit checks.	
I have read and agree to your credit terms <input type="checkbox"/> (Please Tick)	
	Authorised Signatory:
Anticipated monthly credit required £:	Print Name:

AGREEMENT

I / We have read and agree with your terms and conditions of contract (printed overleaf)	
Signed:	Print Name:
Position in Company:	Date:

FOR INTERNAL USE ONLY

A/C # Allocated:	
Credit Limit Agreed £:	Authorised By: