Credit Application Form

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| Company Details |
| **Company Name:** |  |
| **Full address:** |  |
| **Post Code:** |  |
| **Telephone No:** |  | **Fax No:** |  |
| **Accounts Contact:** |  | **Telephone-Accts:** |  |
| **Accounts email:** |  |
| **VAT No:** |  |
| **Company Registration No:**  |  |
| **Registered Office address if different than above:** |  |
|  |
| Bank Details |
| **Bank Name:** |  |
| **Bank Address:** |  |
| **Sort Code:** |  | **Account No:** |  |

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| **Trade References (please provide 3)** |
| **1.** | **Address:** |  |
| Post Code: |  |
| **Telephone No:** |  | **Fax No:** |  |
| **2.** | **Address:** |  |
| Post Code: |  |
| **Telephone No:** |  | **Fax No:** |  |
| **3.** | **Address:** |  |
| Post Code: |  |
| **Telephone No:** |  | **Fax No:** |  |

**We agree and acknowledge your terms and conditions and agree to payment terms of strictly 30 days from date of invoice.**

Signed: Date:

Position: