

Credit Account Application

COMPANY NAME: _____

ADDRESS: _____

POSTCODE: _____

INVOICE ADDRESS: _____

(IF DIFFERENT TO ABOVE) _____

POSTCODE: _____

ACCOUNTS CONTACT: _____

ACCOUNTS TEL: _____

ACCOUNTS EMAIL (INVOICE DELIVERY): _____

CO. REG. NO: _____

VAT NO. _____

TEL: _____

EMAIL: _____

WEBSITE: _____

BANK DETAILS:

ADDRESS: _____

POSTCODE: _____

ACCOUNT NAME: _____

ACCOUNT NUMBER: _____

SORT CODE: _____

WHAT AUTHORITY TO SUPPLY IS REQUIRED:
(OFFICIAL EMAILED PO, VERBAL, ETC.) _____

CREDIT AMOUNT REQUIRED: _____

CURRENT HIRE SUPPLIER: _____

TRADE REFERENCES:**1ST REFERENCE**NAME: _____
ADDRESS: _____

POSTCODE: _____
TEL: _____
EMAIL: _____
CONTACT: _____**2ND REFERENCE**NAME: _____
ADDRESS: _____

POSTCODE: _____
TEL: _____
EMAIL: _____
CONTACT: _____

PRINT NAME: _____

POSITION: _____

SIGNED: _____

DATE: _____

(INVOICES MUST BE PAID 30 DAYS FROM INVOICE DATE)

OFFICE USE ONLY:

AGREED BY: _____

DISCOUNT GIVEN: _____

DATE AGREED: _____

NOTES: _____

GIVEN ACCOUNT NUMBER: _____