# Credit Account Application Form

Trading Name in full:

Invoice Address

Telephone No

Type of Company ○ Ltd ○ PLC ○ Partnership ○ Sole Trader

Year Established

VAT No

Co Registration No

Amount of Credit Sought

If a Limited Company or PLC, please enter your registered offices address. If a Sole Trader or Partnership, please enter the home address of each partner below.

**Bank Account Details**

Bank and Branch | Account No | Sort Code

**Please provide details of two independent trade references.**

| | |
|---|---|
| Contact Name | Contact Name |
| Company and Address | Company and Address |
| Telephone | Telephone |
| Email | Email |

**This form must be signed by an authorised signatory for the company. By submitting this application, you agree to adhere to our trading terms and to pay within our credit terms. Payments are due by the end of the month following the month of invoice.**

**Signature** **Name** **Position** **Date**