



## Credit Account - Application Form

Company Name: .....

Trade Name (If different): .....

Registered Address: .....

..... Postcode:.....

Company Registration No:..... Vat No:.....

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## Invoice Details (If different from above)

Invoice Address:.....

..... Postcode:.....

Contact Name:..... Jobtitle:.....

Email Address:.....

Telephone No:..... Fax No:.....

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## Contact for Bought Ledger

Contact Name:..... Jobtitle:.....

Email Address:.....

Telephone No:..... Fax No:.....

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## Company Information

Number of Employees:.....

Legal Status (Please circle): LTD PLC Partnership Public Sector Other:.....

Telephone No:..... Fax No:.....

Annual UK Turnover:..... Credit Limit Requested:.....

Estimated Monthly Spend with A14:.....

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Payment Terms are strictly 30 days from invoice date. A14's terms and conditions apply and can be viewed in full on our web site [www.a14bp.co.uk/tandc](http://www.a14bp.co.uk/tandc).

This agreement supersedes any other credit agreement. A14 reserve the right to withdraw this credit at any time without notice. Credit limits are at the discretion of A14 and will be constantly reviewed.

All Payments to be made to A14, Unit G, Eckland Lodge Business Park, Mark Harborough, Leicestershire, LE16 8HB

This form should only be signed by someone with the relevant authority within your organisation

Signed:..... Print Name:.....

Job Title:..... Date:.....

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### Contacts Authorised to Purchase

Contact Name:..... Jobtitle:.....

Email Address:.....

Telephone No:..... Fax No:.....

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Contact Name:..... Jobtitle:.....

Email Address:.....

Telephone No:..... Fax No:.....

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### Trade References

Company Name:.....

Contact Name:..... Jobtitle:.....

Address:.....

..... Postcode:.....

Telephone No:..... Email Address:.....

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Company Name:.....

Contact Name:..... Jobtitle:.....

Address:.....

..... Postcode:.....

Telephone No:..... Email Address:.....

**On completing all relevant fields please fax this form plus your  
company letterhead to your A14 account manager  
on 01536 763628**