

CREDIT ACCOUNT APPLICATION FORM

Company Name			
Line of business			
Trading Address			
Telephone Number		Mobile Number	
Fax Number		Date registered /started trading	
Company reg. Number (If Limited Company)			
Company registered address			
Names of Directors (If Limited Company)			
VAT reg. Number (if applicable)			

If not a Limited Company, please list names and addresses of principals.

Accts Contact		Accts Email	
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Trade References. Please ensure referees are companies with which you currently hold a credit account, which is used regularly.

1.Name		2.Name	
Address		Address	
Tel/fax		Tel/fax	
Credit amount required per month			

I/We the undersigned, have been supplied with, have read and understand your standard terms and conditions of trade which are incorporated in any contract between us.

In consideration of your granting or continuing to grant a monthly credit account to the above named applicant. I/We the undersigned, being directors/partners/proprietor or anybody hereby guarantee of such sums as may from time to time become lawfully due and owing by the applicant to yourselves. This guarantee is to be continuing and any liability under it shall not be affected by your giving time or any other indulgence to the applicant.

Authorised Signatory		Date:	
Name (Print)		Position	