

LDD GROUP CREDIT ACCOUNT APPLICATION

Contact Details

Applicant name			
Company name			
Tel number		Fax	
Company registration number			
VAT registration number			

Company Details

Company address line 1			
Company address line 2			
Company address line 3			
County		Postcode	
Company registered office			
Company date of incorporation			

Bank Details

Bank name			
Bank address line 1			
Bank address line 2			
Bank address line 3			
County		Postcode	
Bank sort code			
Bank account number			

Trade Reference 1

Contact name			
Company name			
Company address line 1			
Company address line 2			
Company address line 3			
County		Postcode	
Tel number		Fax	
Account number			

Trade Reference 2

Contact name			
Company name			
Company address line 1			
Company address line 2			
Company address line 3			
County		Postcode	
Tel number		Fax	
Account number			

Credit Limit

Credit limit required	£
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Signature			
Print name			
Position			
Date		Letterhead attached	YES/NO

On signing above you agree to the terms and conditions of the LDD group including payment terms of: **30 DAYS FROM DATE OF INVOICE.**

Please return fully completed and signed together with a copy of your letterhead to your account manager.