

CREDIT ACCOUNT APPLICATION FORM

Company Name: _____			
Registered Address: _____			
			Postcode: _____
Contact Name/s: _____			
Tel No: _____		Mobile No: _____	
Fax No: _____		Email address: _____	
VAT No: _____		Company Reg No: _____	
<p>A Business/Company Letterhead must be returned with this application (If non-limited Company – Please provide Date of Birth and home address details on a separate sheet)</p>			
Collection Address (If different from above): _____			
			Postcode: _____
Contact Name/s: _____		Email Address: _____	
Tel No: _____		Fax No: _____	
Invoice/Statement Address: _____			
			Postcode: _____
Contact Name/s: _____			
Tel No: _____		Fax No: _____	
Accounts Email Address: _____			
Method of Payment:	Cheque <input type="checkbox"/>	BACS <input type="checkbox"/>	Credit Card + 2.0% fee <input type="checkbox"/>
			Debit Card <input type="checkbox"/>
1st TRADE REFERENCE			
Company Name: _____			
Address: _____			
Contact: _____		Tel No: _____	
2nd TRADE REFERENCE			
Company Name: _____			
Address: _____			
Contact: _____		Tel No: _____	
I confirm I have read and agree to abide by the terms and conditions of business, which include that all Invoices are due to be paid within 30 days from the date of Invoice and all Invoice queries to be raised within the 30 days.			
SIGNATURE: _____		PRINTED NAME: _____	
DATE: _____		POSITION NAME: _____	