

Customer Credit Account Application

Your Company:

Company name:			
Address:			
Postcode:		Invoices to this address <input type="checkbox"/>	
Main telephone #:		Years trading:	
Main fax #:		Credit limit requested:	
Nature of business:			
Type of company:	Sole Trader <input type="checkbox"/>	Partnership <input type="checkbox"/>	Limited company <input type="checkbox"/>
Company registration #:		VAT #:	

Head office address/ registered office address (if different)			
Postcode:		Invoices to this address <input type="checkbox"/>	

Main contact name:			
Job title:			
Email:			
Telephone #:		Fax #:	
Accounts contact:			
Job title:			
Email:			
Telephone #:		Fax #:	

References:

Reference 1	
Company name	
Address:	
Postcode:	
Telephone #:	
Fax #:	
Contact name:	

Reference 2	
Company name	
Address:	
Postcode:	
Telephone #:	
Fax #:	
Contact name:	

Ref: PPT/