

Credit Account Application Form



NAME & ADDRESS DETAILS

Registered Name:	Trading Name (if different):
Trading Address:	Invoice Address (if different):
Postcode:	Postcode:
Tel: Fax:	Tel: Fax:

COMPANY DETAILS

Limited Company Plc Other (Please Specify):

Complete where appropriate

Date Formed: Date of Incorporation:

Date Trading Started: Reg. No.:

Registered Office Address: VAT Reg. No.:

Nature of Business: Estimated monthly credit limit required: £

Number of Employees: Company Turnover:

Accounts Contact: Tel: Fax: Email:

BANK & TRADE REFERENCES

Bankers Name: _____

Address: _____ Postcode: _____

Please provide **TWO** trade references

1. Trade Ref:	2. Trade Ref:
Address: _____	Address: _____
Postcode: _____	Postcode: _____
Tel: _____ Email: _____	Tel: _____ Email: _____
Contact: _____ Account No: _____	Contact: _____ Account No: _____

COMPANY DIRECTORS

Please list all directors or principals (Continue on a separate sheet if necessary):

DECLARATION

On behalf of the Applicant, I/we state that I am/we are duly authorised to sign this Application and make the following declaration:

- All particulars herein are correct to the best of my/our knowledge, information and belief.
- I/we have noted in particular that payment terms are 30 days nett from date of invoice and that title in any goods does not pass until all monies due on the account have been paid.

Signed: _____ Full Name: _____

Position: _____ Date: _____

FOR CILS USE ONLY

Approved By: _____ Date: _____ Credit Limit: _____ Acc. No.: _____