

Credit Customer Account Application Form

Please complete all sections in BLOCK CAPITALS. This form is designed to be printed and filled out.

1. Company Details

Registered Company Name:

Trading Name (if different):

Company Registration Number:

VAT Registration Number:

Registered Business Address:

Invoicing Address (if different):

Telephone Number:

Accounts Email Address:

2. Contact Information

Primary Accounts Contact Name:

Job Title/Position:

Direct Phone Number:

3. Bank Details

Bank Name:

Bank Branch Address:

Account Number:

Sort Code / Routing Number:

4. Trade References

Trade Reference 1

Company Name:

Contact Person:

Telephone Number:

Email Address:

Trade Reference 2

Company Name:

Contact Person:

Telephone Number:

Email Address:

5. Credit Terms and Declaration

Requested Credit Limit (Amount):

By signing below, the applicant authorizes investigation of all statements contained in this application and agrees to the standard credit terms of payment.

Authorized Signature:

Print Name:

Position:

Date (DD/MM/YYYY):