



30 Day Credit Account Application Form

Company Name.....A/C Ref

Trading Address.....

.....Postcode.....

Telephone..... Fax.....

Company Registration Number.....How long in business.....

Type of business Limited Company LLP Partnership Sole Proprietor PLC

Name & addresses of individuals or partners, or registered office address if Ltd company.

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Contact name(s) for stationery orders.....

Telephone..... Email.....

With your consent, we would like to make you aware of special offers by email. Is that OK with you? YES / NO

Delivery address (if different from above).....

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Contact Name.....Telephone.....Email.....

Invoice address (if different from above).....

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Contact for A/C payable.....Telephone.....

Email address for invoicing.....Fax.....

Trade references 1..... 2.....

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Telephone.....

Applicants please note that we will make a search with a credit reference agency which will keep a record of that search and share that information with other businesses. We may also make enquiries about the principal directors with a credit reference agency. Please complete this form in full and attach an original business letterhead.

The above information is submitted for the sole purpose of opening an account and I hereby certify the information to be true.

Signed.....Print.....Title.....

Date..... Our ref: Tom Kirby/ Lou Clark

All goods sold subject to our standard terms and conditions. A copy is available on request.

