

Credit Account Application



Legal Name of Business: _____

Trading as *(if applicable)*: _____

Business Physical Address: _____
Post Code: _____

Business Postal Address: _____
Post Code: _____

Phone: _____ Fax: _____

Email: _____

Accounts Email: _____

Entity: *(tick one)* Company Partnership Trust Sole Proprietor

Registered Office: _____

Incorporation No: _____ Year Established: _____

Directors / Proprietors Information

Full Name: _____ D.O.B: _____

Residential Address: _____

Full Name: _____ D.O.B: _____

Residential Address: _____

Trade References *(please provide three)*

Company Name: _____

Contact: _____ Phone: _____

Company Name: _____

Contact: _____ Phone: _____

Company Name: _____

Contact: _____ Phone: _____

Declaration

I / We hereby make this application for a credit account to be opened in the name of the above entity.

I / We acknowledge receipt of, agree to and have initialled each page of the Terms and Conditions of Trade

I / We agree to pay this account on the 20th of the month following invoice, or such terms as detailed in the Terms and Conditions of Trade or under the Construction Contracts Act 2002.

I / We agree to you contacting our trade references, and in need conducting a credit reference check.

Name: _____ Date: _____

Signature _____ Title: _____

For office use only:

Checked By: _____	Date: _____	Approved By: _____	Date: _____
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