

Credit Account Application Form

In order that your application for a credit account may be processed, please complete this form and return it to us either by post or by fax.

***In addition to this form we would appreciate it if you could supply us with copies of the following:-
Proof of Hired In Plant Insurance, 2 Utility Bills & a copy of your letter headed paper.***

Registered Name and Address of Company

COMPANY NAME _____

CONTACT NAME _____

ADDRESS _____

POSTCODE _____ TIME AT ADDRESS _____

TELEPHONE _____ FAX NO _____

MOBILE NO. _____ EMAIL _____

CO REGISTRATION NO. _____ VAT No. _____

HOME ADDRESS FOR SOLE TRADER OR PARTNERSHIPS

Please give below details of two trade references

Company Name _____ *Company Name* _____

Address _____ *Address* _____

Postcode _____ *Postcode* _____

Telephone _____ *Telephone* _____

Facsimile _____ *Facsimile* _____

AUTHORISED SIGNATURE _____ DATE _____

FULL NAME _____

FOR AND ON BEHALF OF _____