



NEW CREDIT ACCOUNT

Company Name / Organisation _____

Trading Address _____

Post Code : _____ Company Registration : _____

Tel : _____ Fax : _____ Vat No : _____

Accounts Tel : _____ Email : _____

Limited Company: _____ Partnership: _____ Sole Proprietor: _____ PLC: _____

ACCOUNTS

Please provide the name of the person responsible for paying invoices _____

Please provide a direct dial phone number for your accounts office _____

Please provide an email address(s) for your accounts office _____

PLEASE SUPPLY DETAILS OF TWO COMPANIES FOR TRADE/CREDIT REFERENCES

Company Name:..... Company Name :.....

Address :..... Address :.....

Post Code :..... Post Code :.....

Tel :..... Tel :.....

Fax :..... Fax :.....

Contact Name :..... Contact Name :.....

PLEASE READ CAREFULLY

ALL APPLICATIONS ARE ASSESSED INDIVIDUALLY. CREDIT SCORING MAY BE USED TO DETERMINE YOUR CREDIT STATUS. WE RESERVE THE RIGHT TO REFUSE APPLICATIONS FOR CREDIT BASED ON POOR CREDIT HISTORY. YOU MAY BE REQUIRED TO LINK A VALID CREDIT OR DEBIT CARD TO YOUR NEW ACCOUNT. TERMS OF PAYMENT ARE STRICTLY NET MONTHLY. WE RESERVE THE RIGHT TO SUSPEND ACCOUNT FACILITIES AND CHARGE LATE PAYMENT SURCHARGES ON ANY OVERDUE INVOICES IN EXCESS OF OUR CREDIT TERMS. BY SIGNING THIS DOCUMENT YOU CONFIRM ALL BUSINESS UNDERTAKEN IS SUBJECT TO OUR TERMS AND CONDITIONS OF TRADING.

Signed : _____

Position : _____

Print Name : _____

Date : _____

PLEASE RETURN COMPLETED APPLICATIONS BY FAX TO:

0845 094 4091