

APPLICATION FOR A MONTHLY CREDIT ACCOUNT

FULL TRADING NAME AND ADDRESS Telephone no. Fax no.	ACCOUNTING ADDRESS (if different)
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EITHER

OR

To be completed by Limited Company only

Non-Limited Businesses should state full ownership

Company Registration No. Date of Registration Name of Company Secretary Registered Office (if different from above)	Name (s) Address (es)
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TO BE COMPLETED BY ALL APPLICANTS

Credit limit required	<input type="text"/>	Number of employees	<input type="text"/>
Date trading commenced	<input type="text"/>		

Trade references (not associated Companies)

(1)

(2)

Name of Bankers

Address

Sort Code

TO BE COMPLETED BY ALL APPLICANTS

We/I hereby apply for a credit account and agree to pay accounts by the last working day of each month following month of delivery.
 We/I hereby agree to operate our/my account in accordance with the conditions of sale which are listed on the reverse of this application form.

SIGNED
 On behalf of

Date