

Account Application

Date: _____
 Credit Limit Required: £.....
 Terms of sale:
 Customer Name:
 (Limited Company name or names of individual owners)

Delete as Applicable: Ltd Co. / PLC / Partnership / Sole Trader / Other
 Trading Style:
 Trading Address:

 Post Code: Tel No.:

If sole Trader / Partnership:
 (1)Home Address (2)Home Address

 Post Code: Post Code:.....
 (If there are more than 2 partners advise further names and addresses on a separate sheet)

Company Registration No.:
 Name of Holding Company if part of a group:
 Type of Business:
 How Long in Business:

Trade References:
 (1) (2)
 Post Code: Post Code:
 Telephone No.: Tel:

This section must be completed for your application to be processed: -

Bankers Name: Sort Code.:
 Address:
 A/C No:
 Post Code: Telephone No.:

Signed: Position:

Date:



