



Please complete and sign this Credit Application

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| Trading Name: | |
| Trading Address: | Trade Reference (1): |
| Post Code: | Post Code: |
| Contact Name: | Contact Name: |
| Tel No: | Tel No: |
| Fax No: | Fax No: |
| Invoicing Address: | Monthly Credit Limit: £ |
| | Trade Reference (2): |
| Post Code: | |
| Contact Name: | Post Code: |
| Tel No: | Contact Name: |
| Fax No: | Tel No: |
| Company Registered No: | Fax No: |
| Vat Registered No: | Monthly Credit Limit: £ |
| Date Company Registered: | Bankers Name: |
| Annual Turnover: £ | |
| Monthly Credit Requested: £ | Address: |
| Name of Directors/Proprietors: | |
| | Post Code: Sort Code: |
| | Account Number: |
| | Account Name: |

Subject to your referee's prompt and satisfactory response, it may take a further ten working days to open an account. If an account is authorised, it will be subject to our Terms and Conditions of Supply, these terms allow 30 days credit from date of invoice. Generally the first transaction will be cash or cheque with order.

| | |
|------------------------|-----------|
| Credit Request Made By | Signature |
| Position | Date |

| | | |
|---------------------|-------------|-------------|
| Our Office Use Only | Account No: | Entered By: |
|---------------------|-------------|-------------|