



Credit Account Application Form

Name of Account Holder:

Business Trading Name (If Different):

Business Address:

..... Post Code:

Tel No: Fax No:

Credit Limit Requested: Bank:

Branch Address:

..... Tel No:

Sort Code: Account No:

Please note that your bank may be approached to check your creditworthiness

Please give details of two further referees who may be approached to confirm your creditworthiness

Table with 2 columns for referees (1) and (2), and rows for Tel No and Fax No.

Please note payment is due within 30 days of date of invoice. Failure to comply with this will result in interest being charged at a rate of 2% monthly

Signature to Confirm authorisation for references to be obtained and agreement to pay in accordance with the credit terms stated.

Sign: Date:

Print:

Please note all details will be kept in confidence

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