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CREDIT ACCOUNT APPLICATION FORM

ACCOUNT NAME:

ADDRESS:

.....

TELEPHONE NO: FAX NO:

EMAIL:

STYLE OF ORGANISATION: LIMITED COMPANY/SOLE TRADER/PARTNERSHIP

IF A LIMITED COMPANY, PLEASE STATE REGISTRATION NUMBER:

NATURE OF BUSINESS:

DATE TRADE COMMENCED:

CREDIT LIMIT APPLIED FOR:

REFERENCES

BANK: BRANCH:

ACCOUNT NAME: SORT CODE: ACCOUNT NO:

TRADE REFERENCE 1

TRADE REFERENCE 2

FULL TRADING NAME:

.....

ADDRESS:

.....

.....

.....

Email:

Email:

Tel No:

Tel No:

Fax No:

Fax No:

AUTHORISED SIGNATURE OF DIRECTOR ETC

NAME IN CAPITALS

POSITION: DATE: