

Credit Account Application For

Legal Name of Business: _____

Trading as *(if applicable)*: _____

Business Physical
Address: _____

Post Code: _____

Business Postal
Address: _____

Post Code: _____

Phone: _____

Fax: _____

Email: _____

Accounts Email: _____

Entity: *(tick one)*

Company

Partnership

Trust

Sole Proprietor

Registered Office: _____

Incorporation /
Registration No: _____

Year
Established: _____

Directors / Proprietors Information

Full Name: _____

D.O.B: _____

Residential Address: _____

Full Name: _____

D.O.B: _____

Residential Address: _____

Trade References *(please provide three)*

Company Name: _____

Contact: _____

Phone: _____

Company name: _____

Contact: _____

Phone: _____

Company name: _____

Contact: _____

Phone: _____

Declaration

I / We hereby make this application for a credit account to be opened in the name of the above entity.

I / We acknowledge receipt of and agree to the Terms and Conditions of Trade.

I / We agree to pay this account on the 20th of the month following invoice, or such terms as detailed in the Terms and Conditions of Sale or under the Construction Contracts Act 2002.

I / We agree to you contacting our trade references, and in need conducting a credit reference check.

Name: _____

Date: _____

Signature: _____

Title: _____