

Credit Application Form



New Customer Account

Registered Name

Telephone:

Trade Name

Fax:

Business Address

Email:

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Proprietors

Contact Name

Telephone

Contact Address

Email:

Person Responsible
for A/C Payment

Telephone

Email

Fax

Requested Terms: CASH DIRECT DEBIT

3 Trade References Ref 1:..... Telephone:

Ref 2:..... Telephone:

Ref 3:..... Telephone:

I hereby agree to above requested terms:

Position within Company/Organisation:

Customers must have a trading history with the Company to apply for Credit and must be accompanied by 3 Credit References.

FOR OFFICE USE

Requested by: _____ Authorise by: _____ Account Code: _____