

CREDIT ACCOUNT APPLICATION FORM

CREDIT LIMIT REQUIRED: £ _____

Applicant Details

Company Name:		Company Registered Number:	
Company Address:		Phone Number:	
		Fax Number:	
Post Code:		Email Address:	

Bank Reference

Bank Name:	
Bank Address:	
Bank Telephone:	
A/C Number:	
Post Code :	
Sort Code:	

Trade References

Supplier 1:

Company Name:
Address:
Fax:
Phone:
Contact:

Supplier 2:

Company Name:
Address:
Fax:
Phone:
Contact: