



184A HENLEAZE ROAD HENLEAZE BRISTOL BS9 4NE

0117 962 4007

APPLICATION TO OPEN A CREDIT ACCOUNT

FULL TRADING NAME(S) OF APPLICANT

FULL TRADING ADDRESS

.....

IF LIMITED COMPANY / OR PUBLIC LIMITED COMPANY

ADDRESS OF REGISTERED OFFICE

.....

YEAR OF INCEPTION CO. NUMBER

NO. OF SHARES ISSUED OF NOMINAL VALUE OF £

EACH PAID UP CAPITAL £

IF PARTNERSHIP - GIVE FULL NAMES OF ALL PARTNERS

A

B

YEAR OF COMMENCEMENT

PERSON TO CONTACT WITH REGARDS TO ACCOUNT MATTERS.....

TEL. NUMBER TITLE

CREDIT REFERENCES

YOUR BANKERS NAME AND ADDRESS, ACCOUNT NUMBER & SORT CODE

.....

1. NAME AND ADDRESS OF PRINCIPAL SUPPLIER

.....

2. NAME AND ADDRESS OF PRINCIPAL SUPPLIER

.....

DIRECTORS / PARTNERS DECLARATION

I/WE BEING AN AUTHORISED OFFICER OF THE BUSINESS DO AGREE THAT PAYMENTS OF ALL ACCOUNTS WILL BE RECEIVED BY YOU WITHIN THE CREDIT TERMS SHOWN AND AGREED AS A 30 DAY ACCOUNT.

I/WE APPRECIATE THAT ADHERENCE TO THIS OBLIGATION IS THE ESSENCE OF THE CONTRACT BETWEEN US.

I/WE HAVE READ AND UNDERSTOOD THE CONDITION OF CARRIAGES SHOWN ON OUR WEBSITE.

SIGNED NAME (PLEASE PRINT)

DATE PLEASE ATTACHED A COPY OF COMPANY LETTERHEAD TO THIS FORM.