

Application Form for a Credit Account

Please tick as appropriate: Limited Co Partnership Sole Trader

Company Name (in full)

Invoice Address

Telephone No.

Fax No.

Email

Registered Office Address (if different from above)

Telephone No.

Fax No.

Nature of Business

Years of Trading

Delivery / Operating

Contact Name and Position

Address

Telephone No.

Email

Details of Directors / Partners

Name & Position

Private Address



T: 01209 213171 F: 01209 219459

accounts@sjandrew.com



Bank DetailsName

Account No. _____

Sort Code: _____

-

-

Trade Reference Number OneName
_____Address

Telephone No. _____

Fax No. _____

Trade Reference Number TwoName
_____Address

Telephone No. _____

Fax No. _____

Credit Limit Applied For £

We understand that your terms are nett monthly and that all goods supplied by you will remain your property until they are paid for in full.

Name (Block Letters)
_____Signature
_____Position Held
_____Date
_____**Please return the completed for to us by fax or post.**