

APPLICATION FOR TRADE TERMS / CREDIT ACCOUNT

SECTION 1 (to be completed by all applicants)

BUSINESS NAME:	
ADDRESS:	DELIVERY ADDRESS:
TOWN:	TOWN
POSTCODE:	POSTCODE
TEL:	TEL
FAX:	FAX
CONTACT NAME:	
MOBILE NUMBER:	EMAIL:

SECTION 2 (only to be completed if you require a credit account)

LIMITED COMPANY NAME: (if different to section 1)	
REGISTRATION NO:	VAT NUMBER:
MANAGING DIRECTOR:	ACCOUNTS CONTACT
REFERENCE 1	REFERENCE 2
Please sign to confirm that you agree to be bound by our terms and conditions of sale	
SIGNATURE:	DATE:

OFFICE USE ONLY

TRADE CARD NUMBER:	APPROVED BY:	DATE:
CREDIT ACC NUMBER	APPROVED BY:	DATE: