

28 DAY CREDIT ACCOUNT APPLICATION

COMPANY NAME	TRADING NAME
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ADDRESS	TELEPHONE
	FAX
	E-MAIL

INVOICE ADDRESS (If different from above)

When was this company established?

APPLICANTS NAME	HOME ADDRESS IF NOT LTD
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COMPANY REG. NUMBER	VAT NUMBER
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BANK
ADDRESS

BANK ACCOUNT NUMBER	SORT CODE
_____	____ - ____ - ____

What monthly credit limit do you need?
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SIGNATURE	DATE	POSITION
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<i>OFFICE USE ONLY</i>	
<i>INITIAL LIMIT</i>	<i>CREDIT SCORE</i>
<i>COMMENTS</i>	

Accounts are strictly 28 day from invoice
Please fax this form to 0191 564 1210 or email to the address below. Our telephone is 0191 564 1234.
Should your application not be successful we would be happy to accept payment with orders.

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