

New customer account form

Application for Credit Facilities.



Please answer all the questions; we will be unable to process your application for credit facilities unless this form is fully completed and returned with a Letterhead/Compliment Slip.

Company Name:		
Ltd. Company Reg. No.	Charity Reg. No.	
Status of Application:		
Are you a Limited Company <input type="checkbox"/>	Sole Trader <input type="checkbox"/>	
A Partnership <input type="checkbox"/>	Registered Charity <input type="checkbox"/>	
Address of Registered Office		Address for Invoice / Statement
Tel:	Fax:	Tel:
Contact:	Ext:	Contact: Ext:
Bankers:	Directors / Partners or Owners Name & Address:	
Sort Code:		
Account Number:		
Telephone Number:		
Trade Reference (1)	Trade Reference (2)	Trade Reference (3)
Accounts Contact:	Accounts Contact:	Accounts Contact:
Tel:	Tel:	Tel:
Fax:	Fax:	Fax:
Credit Required _____ (Based on twice estimated monthly turnover)		
Terms Requested _____ (Our terms are net monthly; unless otherwise agreed)		
I the undersigned have read/understood and agree to adhere to the Terms & Conditions.		
Signature _____		Date _____
Print Name _____	Position Held _____	
FOR OFFICE USE ONLY		
Date Sent _____		Customer Account Number _____
Date Received from Customer _____		Representative Number _____
Credit Agreed _____	Terms Agreed _____	
Bookkeepers Signature _____	Date _____	
Authorising Signature _____	Date _____	