

newcustomeraccountform

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		SOLE TRADER
A PARTNERSHIP		REGISTERED CHARITY
ADDRESS OF REGISTERED OFFICE		ADDRESS FOR INVOICE / STATEMENT
TEL:	FAX:	TEL: FAX:
CONTACT:	EXT:	CONTACT: EXT:
BANKERS:		DIRECTORS / PARTNERS OR OWNERS NAME & ADDRESS:
SORT CODE:		
ACCOUNT NUMBER:		
TELEPHONE NUMBER :		FAX 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 overleaf.		
SIGNATURE _____		DATE _____
PRINT NAME _____		POSITION HELD _____

FOR OFFICE USE ONLY	CUSTOMER ACCOUNT NUMBER _____
DATE SENT _____	REPRESENTATIVE NUMBER _____
DATE RECEIVED FROM CUSTOMER _____	
CREDIT AGREED _____	TERMS AGREED _____
BOOKKEEPERS SIGNATURE _____	DATE _____
AUTHORISING SIGNATURE _____	DATE _____