

36E INCHMUIR ROAD, WHITEHILL INDUSTRIAL ESTATE, BATHGATE, WEST LOTHIAN TELEPHONE: 01506 634477 FAX: 01506 634488

## APPLICATION FOR CREDIT ACCOUNT

Thank you for your request to open a credit account. We would be grateful if you could promptly complete and return this application form. Please enclose a copy of your headed notepaper with this application. All information received will be treated as confidential.

Full company name:	Statement Address (if different)
Invoice address:	()
	Registered office Address (if different)
Postcode:	
Tel No:	
E-Mail:	
Delivery Address (if different)	Purchasing Contact:
	Accounts Contact:
	Type of Business:
	Preferred Delivery Times:
Tel:	
Fax:	Rep Name:
How long has the company been trading:	Approx monthly credit required: £
Sole Trader Partnership Limited Company PLO	C Other: DELETE AS APPROPRIATE
Registration Number if Limited Company:	
Names of Partners/Directors:	
Bankers:	Name & Address of owners if sole trader or partnership:
Address:	
Account Name:	
Account No:	
Sort Code:	
TRADE REFERENCE: Please supply details of two companies	from whom you currently purchase on a credit account.
1). Name:	2) Name:
Address:	Address:
TIN	TIN
Tel No: <u>Should Credit terms be approved, payment terms</u>	Tel No:
THIS SECTION TO BE SIGNED BY A DIRECTO	
I/WE hereby request you to open a credit account. I/WE have read	your terms and conditions of sale of and accept these as the basis of
	all pass to the purchaser on delivery. Property in the goods however
remains with you, the suppliers, until such time as all sums due to you without prejudice to any other remedies, to recover the goods or an	
outstanding in respect of these goods. The information provided by yo	ou in this account opening application may be disclosed to our licensed
	in a record of search. It may be used by members of a credit circle in
assessing any application from you and for occasional debtor tracing ar	id fraud prevention.
SIGNATURE:	PRINT NAME:
POSITION:	DATE: