



## REQUEST FOR CREDIT ACCOUNT

**Company Name:** .....

**Trading Name:** .....  
(if different from above)

**VAT Registration No:** .....

**Trading Address:** .....

..... **Postcode:** .....

**Invoice Address:..**.....

..... **Postcode:** .....

**Delivery Address:** .....

..... **Postcode:** .....

**Telephone:** ..... **Fax:** .....

**E-mail Address:** .....

**Bank Name:** .....

**Branch Address:** .....

..... **Postcode:** .....

**Account Number:** .....

**Sort Code:** .....

**Trade References:**

**1.Name:** .....

**Address:** .....

..... **Postcode:** .....

**2.Name:** .....

**Address:** .....

..... **Postcode:** .....

**Person responsible for paying account to terms:**

**Name:** .....

**Signed:** .....

**Date:** .....

**Position:** .....

**Payment terms: 30 days month end date of invoice net.  
Please process our application based upon the above details.**

**Name:** .....

**Signed:** .....

**Date:** .....

**Position:** .....