

APPLICATION FOR CREDIT ACCOUNT FACILITY

Date	
Company name	
Address	
	Post code
Phone	Fax

Are you a Limited Company Yes/No	
If yes , please give Registered Number	
If no , please give names & home addresses of Proprietors	
Name	
Address	
Name	
Address	
Name	
Address	

Trade References

Name	Fax No
Address	
Your Acc No	
Name	Fax No
Address	
Your Acc No	

Bank Details

Bank	
Address	
Sort Code	Account No

Credit Limit

Estimated credit limit required per month	£
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Trading Hours

Open	am	Closed	pm
Early closing/Closed			
Any other times when deliveries cannot be made?			
If you are absent, can glass be left? Yes/No			
If yes , please state where			
Are there any restrictions on the size or type of vehicle suitable for deliveries to your premises?			