



<b>CONTACT INFORMATION</b>			
YOUR NAME		TITLE	
EMAIL		PHONE	
<b>BUSINESS INFORMATION AS REGISTERED</b>			
COMPANY NAME			
ADDRESS		PHONE	
CITY	COUNTY	POST CODE	
Company No:	VAT No:	Trading since:	
LENGTH OF TIME AT CURRENT ADDRESS: _____ YEARS _____ MONTHS			
TYPE OF BUSINESS : SOLE PROPRIETORSHIP   PARTNERSHIP   LLC   CORPORTATION   OTHER			
<b>BANK INFORMATION</b>			
BANK NAME		CONTACT NAME	
ADDRESS		PHONE	
CITY	COUNTY	POST CODE	
ACCOUNT NAME			
ACCOUNT NUMBER			
SORT CODE			
IBAN			
BIC			
<b>BUSINESS REFERENCES</b>			
Please provide us with one other companies your business has established credit with previously			
1   COMPANY		CONTACT NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	COUNTY	POST CODE	
COMMENTS			
<b>CREDIT AGREEMENT</b>			
1   All invoices must be paid within 30 days of the date issued			
2   Any claims regarding an invoice issued must be made within 7 days of the date issued			
3   You authorize inquiry into the banking and business references provided within this application			
<b>COMPANY REPRESENTATIVE</b>			
By signing this application you are agreeing to our terms and conditions of trade, that are available on our website.			
SIGNATURE:		POSITION:	
PRINT NAME:		DATE:	