



CONTACT INFORMATION			
YOUR NAME		TITLE	
EMAIL		PHONE	
BUSINESS INFORMATION AS REGISTERED			
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 CORPORATION OTHER			
BANK INFORMATION			
BANK NAME		CONTACT NAME	
ADDRESS		PHONE	
CITY	COUNTY	POST CODE	
ACCOUNT NAME			
ACCOUNT NUMBER			
SORT CODE			
IBAN			
BIC			
BUSINESS REFERENCES			
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			
CREDIT AGREEMENT			
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			
COMPANY REPRESENTATIVE			
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:	