

Credit Account Application Form

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APPLICANTS FULL NAME: _____

TRADING STYLES (IF APPLICABLE): _____

TRADING ADDRESS: _____

TEL NO: _____ FAX NO: _____

EMAIL ADDRESS TO SEND INVOICES TO: _____

VAT NO: _____

TYPE OF BUSINESS: LTD CO. SOLE TRADER PARTNERSHIP

IF LTD CO. REG OFFICE ADDRESS: _____

REG NO: _____

TEL NO: _____ YEAR OF INCORPORATION _____ ANNUAL SALES £ _____

IF SOLE TRADER/ PARTNERSHIP PLEASE PROVIDE FULL NAMES, HOME ADDRESSES & TELEPHONE NUMBER(S) OF ALL PARTNERS (PLEASE USE A SEPARATE SHEET IF NECESSARY)

1. _____ TEL NO: _____

2. _____ TEL NO: _____

3. _____ TEL NO: _____

PRINCIPAL NATURE OF BUSINESS: _____

HOW LONG TRADING _____ ANNUAL SALES £ _____

DATA PROTECTION ACT 1998

"We may make a search with a credit reference agency, which will keep a record of that search and will share that information with other businesses. We may also make enquiries about the principal directors with a credit reference agency"

BANK NAME & ADDRESS _____

A/C NO:

SORT CODE:

TWO TRADE REFERENCES

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

TEL NO: _____ TEL NO: _____

FAX NO: _____ FAX NO: _____

AMOUNT OF CREDIT REQUIRED £ _____ PER _____

(NOTE: TRADE REFEREES SHOULD BE ABLE TO SPEAK FOR THE CREDIT FIGURE AS ABOVE)

I/WE AGREE THE CREDIT ACCOUNT FACILITY WILL BE PAYMENT MONTH END FOLLOWING INVOICE DATE AND THAT ADHERENCE TO THIS OBLIGATION IS THE ESSENCE OF THE CONTRACT BETWEEN US

I/WE AUTHORISE OUR BANKERS TO PROVIDE A BANKERS OPINION AS TO OUR SUITABILITY FOR THE ABOVE AMOUNT

SIGNED: _____

FULL NAME: _____

POSITION: _____

For and on behalf on: _____

DATE: _____