

CREDIT APPLICATION FORM

I / WE WISH TO APPLY FOR A CREDIT ACCOUNT WITH YOUR COMPANY AND HEREBY GIVE DETAILS OF MY / OUR APPLICATION.

Company Name:
Trading Name (If Different):
Trading Address:
Telephone:
Fax:
Email:
Website:
Are You A Limited Company (Y/N):
How Long Trading:
Are You V.A.T Registered? (Y/N):
If Yes Provide V.A.T Number:
Company Registration Number:
Name Of Director/s:
Please Give Two Trade References:
Trade 1
Address
Telephone:
Trade 2
Address
Telephone:
Required Credit Limit Per Month:
I HEREBY AGREE TO THE TERMS AND CONDITIONS OF THE 30 DAY ACCOUNT AND THAT ALL INFORMATION ABOVE IS CORRECT (Y/N):
Signed:
Print Name:
Position In Company:
Date:

ONCE COMPLETED PLEASE SEND DIRECTLY TO: admin@digitek-ltd.co.uk