

30 DAY CREDIT ACCOUNT APPLICATION FORM

CONTACT INFORMATION	
Full Trading Name	
	Email
Job Title	Phone
Buyer Contact	Account Contact
Buyer Phone	Account Phone
Buyer Email	Account Email
INVOICE / DELIVERY ADDRESS	
Invoice address	Delivery address
Delivery Instructions (e.g opening time, book in)
Where are goods being sold? (online/ shop/oth	ner)
Where are goods being sold? (online/ shop/oth	ner)
COMPANY INFORMATION	
VAT Number	No. of years in the business
Expected turnover for this financial year	
Company Type ☐ Sole or Partnership ☐	Charity, Endowment or Institution Company
Sole Traders or Partnerships, please list names	and home addresses of all owners
Name	Telephone
Home address	
Requested credit limit \$€£	

Please name two trade references that you have a 12 month credit history with

TRADE REFÉRENCE ONE	
Organisation	
Email	
Address	
TRADE REFÉRENCE TWO	
Organisation	
Email	Phone
Address	
PLEASE SIGN TO AGREE TO OUR TERMS &	
	CONDITIONS
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