



## CREDIT ACCOUNT FORM

### BUSINESS INFORMATION:

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ Postcode: \_\_\_\_\_ Website: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Company Reg No: \_\_\_\_\_

Trading Name (if different): \_\_\_\_\_ VAT No: \_\_\_\_\_

Nature Of Business: \_\_\_\_\_ In Business Since: \_\_\_\_\_

Type Of Business:  Public Limited  Private Limited  Partnership  Proprietorship

Required Credit: \_\_\_\_\_

### SALES CONTACT:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### ACCOUNTS CONTACT:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Email Address for Invoices: \_\_\_\_\_

Email Address for Statements: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### FOR ACCOUNTS USE ONLY:

Credit Checked: \_\_\_\_\_ Order History: \_\_\_\_\_

CS Credit Limit: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Agreed Credit Limit: \_\_\_\_\_ CS Rating: \_\_\_\_\_

**Please Note:** Our standard terms are 30 days from date of invoice unless otherwise agreed.

Signed: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_