

APPLICATION FOR CREDIT ACCOUNT TERMS

Registered Name:

Trading Name (if different):

Registered Office:

Postcode:

Telephone No:

Company Registration No:

Trading Address (Where invoices should be sent, if different from the address given to the left):

Postcode:

Telephone No:

Please tick as appropriate:

Sole Trader

Partnership

Limited Co

PLC

Email address for receipt of invoices: _____

Email address for receipt of statements: _____

Anticipated Credit Limit Required: £

The undersigned authorises Fire Trade Supplies Ltd to make credit enquiries through its appointed debt insurers and agrees to abide by Fire Trade Supplies Limited Standard Terms and Conditions of Sale.

Authorised Signature:

Title:

Print Name:

Date: