

HYGIENIC BATHROOMS

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

Your representative: Jason Ifill

BUSINESS CONTACT INFORMATION			
Company Name:		Trading Name:	
Company Registration No.:		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Phone:			
Fax:			
Required Credit Limit:			
Registered Company Address:			
BUSINESS AND CREDIT INFORMATION			
Company Director:		Bank Name:	
Company Trading Address:		Bank Address:	
Trade Contact (Name and email)		Sort Code:	
Account Contact (Name and email)		Account No.:	
BUSINESS/TRADE REFERENCES			
1. Company Name:		Phone:	
Address:		Fax:	
Postcode:		Email:	
2. Company Name:		Phone:	
Address:		Fax:	
Postcode:		Email:	
AGREEMENT			
1. All invoices are to be paid end of the month of the date of the invoices plus 30 days. 2. Title to the goods shall not pass to the customer until the payment for the goods has been received in full. 3. By submitting this application, you authorise Hygienic Bathrooms to make inquiries into the banking and business/trade references that you have supplied.			
SIGNATURES			
Signature:		Signature:	
Name and position:		Name and position:	
Date:		Date:	

Please return this form once completed to info@ifillyasales.com