



APPLICATION FOR CREDIT ACCOUNT

Limited Company

Sole Trader

(Please Select One)

Company Name

Address

Post Code

Registration Number

VAT Number

Contact Tel

Email

For paperless billing please forward invoices & statements to Email address (Y/N)

Registered Office(if different from above)

Full names of proprietors
(if non-Limited Company – Please include Date of birth & Home address including postcode)

Time Trading Years Months **Amount Requested: £**

Trade References

Company Address	Company Address
Postcode	Postcode
Tel No	Tel No
Contact Name	Contact Name

Bank Details

Account Name	Account Number
Branch	Sort Code

I hereby authorise KHR Company Ltd to obtain references from the above as and when appropriate. I agree to abide by the terms and conditions as set out by KHR Company Ltd, which include that all invoices are due to be paid within 30 days from the date of invoice and that a purchase order must be given for services rendered.

I declare I have the authority to apply for a credit limit of on behalf of the company.

Signed

Print Name

Position

Date

Please complete in FULL and email to Accounts@khr-online.com