## Credit Account Application Form

1. Title:………… First Name: …………………………………... Second initial: ...........

2. Surname:……………………………………..........................................................

3.Address:…...………………………………………………………………………….................

…………………………………………………………………………………………......................

4.Post code: ……………………………........ Date of Birth:….…………………………..

Tel No:……………………………… Mobile No………………………................(essential)

5. Previous address if you have been at the above address less than two years:

…………………………………………………………………………………………......................

…………………………………………………………………………………………......................

6. Post code:………………………………..............................................................

7. E-Mail address………………………………………………………………………................

This email address will be used to send Invoices and Statements unless notified otherwise

8. Amount of credit required: £…………………….. in all/monthly (Delete as appropriate)

Signature…………………………………………… Date……………………………........

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9. Company Name if applicable:………………………………………………………...........

10. Company No:………………………………………………………..............................

If limited company or partnership, give names & addresses of directors or partners:

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Our payment terms are Net Monthly – Payment is due at the end of the month following the date of the invoice.

If applicant is a Limited Company, the Guarantor is a company director. Should the company fail to satisfy its obligations under the terms of the contract relating to payment, The Guarantor personally guarantees to pay all sums outstanding.

We will as part of this agreement conduct a search using a credit reference agency.

Signature of a Company Director is required if Limited Company

Signature………………………………….. Date……………………………........