## 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:

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

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

6. E-Mail address………………………………………………………………………................

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

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

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

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

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1. Company Name if applicable:………………………………………………………...........

2. Company No:……………………………………………………….................................

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

………………………………………………………………………………………………………………

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

4. E-Mail address………………………………………………………………………...............

Contact Name………………………………………………………………………………………….

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

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

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

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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.

Signature of a Company Director is required if Limited Company

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