



APPLICATION TO OPEN A CREDIT ACCOUNT

Name & Address of applicant. State full trading style.

State Full name of Proprietors / Partners

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Post Code

Email Address.....

Telephone No.

Fax No.

Address which invoices / statements are to be sent.

Registered Office Address

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Length of time business established.....

Type of business.....

Contact Name / Accounts Title

Credit References - Listed below are our Bankers & Trade References which we give you permission to contact.

Bankers Name Sort Code

Address Account No.

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1. Trade Ref. Name Fax No.

Address

2. Trade Ref. Name Fax No.

Address

DECLARATION BY CREDIT APPLICANT

We hereby request you to open a credit account.

Director's / Partners Declaration

I, being an authorised Officer of this business, do agree that payment of all accounts will be received by you (our supplier) within your stated credit terms which are 30 days from date of Invoice.

SIGNED

NAME (printed)

POSITION

DATE

Hamilton Head Office. 69 May Gardens, Hamilton ML3 0SS Tel. 01698 540295/540298 Fax. 01698 540298
 Broxburn 9-10 Freskyn Place, East Mains Ind Estate, Broxburn, West Lothian EH52 5NF Tel. 01506 855011 Fax. 01506 857555