



Credit Account Application

Business / Trading Name:
Business / Trading Address:
Main Telephone No:
Purchase Ledger Tel No:
Fax No:
Mobile Tel No:
E-mail Address:
Type of Business:
Sole Trader: Y/N
Partnership: Y/N
Are any of the directors, owners or partners in this business un-discharged bankrupts:
Have any of the directors, owners or partners of this business held any other credit account with our company?
If so, please list account names:
Nature Of Business:
Registered Office Name and Address:
VAT Number:
Co. Registration Number:
Date Incorporated:
Billing Name and Address:
Sole Traders / Partnerships only:
Home address (es) of all proprietor / partners:
Full Name:
Home Address:
Date of Birth:
Full Name:
Home Address:
Date of Birth:
Full Name:
Home Address:
Date of Birth:

