

APPLICATION FOR A CREDIT ACCOUNT

All Applicants must complete this page fully

If you are a member of a buying group please name:

Company Name: _____
Address Line 1: _____
Address Line 2: _____
Town: _____
County: _____
Postcode: _____
Telephone No: _____
Company Reg No: _____
Credit Limit _____

Who is the person responsible for payment of invoices?

Name: _____
Position: _____
Email: _____

Registered office address (if different from company address)

Address Line 1: _____
Address Line 2: _____
Town: _____
County: _____
Postcode: _____

Please supply address to which invoices & statements are to be sent:

Address Line 1: _____
Address Line 2: _____
Town: _____
County: _____
Postcode: _____

