



Credit Account Application Form

Company name: _____	Type of business: _____
VAT registered: YES NO	VAT no: _____
Invoicing address: _____	Registered address (if different from invoicing address): _____
Postcode: _____	Postcode: _____
Contact name: _____	Contact name: _____
Tel no: _____	Tel no: _____
Email address: _____	Email address: _____

Account Information

Authorised callers: _____	Password (optional): _____
_____	Maximum credit required: £ _____

Additional Information

If you wish to pay your invoice by credit card	Card holder name: : _____
Card no: _____	Valid from: _____ Expiry date: _____
Issue no: _____	Security code: _____

Authorised signatory only to complete this section

I/We hereby request to open a credit account. I/We agree to abide by your credit terms, which require payment within thirty days of invoice date.

Signature: _____ **Date:** _____

Print Name: _____ **Position:** _____

Please fax back to 020 7603 0333