

DETAILS OF APPLICANT	
Trading Name & Address of Account	
Postcode	
Tel. No.	Fax No.
Email	
Main Activity	
Type of Organisation: Ltd, Plc	
Business Incorporated Under Companies Act 1985: Share Capital Issued: £	
Names of Executives	Titles: MD, Director, Co. Secretary
Date of Formation (dd/mm/yyyy)	Date of Financial Year End (dd/mm/yyyy)
Company Registration No.	Country of Registration
Registered Name (if different) and registered office address	
Postcode	
VAT No.	
Address to Which Invoices are to be Sent	
Postcode	
Contact Name	Job Title
Tel. No.	Fax No.
Email	
Name & Address of Ultimate Holding Company	
Postcode	
Total No. of Employees in Group:	No. of Locations/premises:

APPLICATION FOR CREDIT ACCOUNT

PRIVATE & CONFIDENTIAL

Please complete using BLOCK CAPITALS and attach your letterheading when returning

YOUR CO-OPERATION IN COMPLETING THIS APPLICATION IS
APPRECIATED

REFERENCES	
Name & Address of Bank Holding Main Account	
Postcode	
Name of Account	
Account No.	Sort Code
How Long Open?	
TRADE REFERENCE SUPPLIER - 1	
Name & Address	
Postcode	
Main Trading Activity	
Contact Name	Tel. No.
Email:	
TRADE REFERENCE SUPPLIER - 2	
Name & Address	
Postcode	
Main Trading Activity:	
Contact Name:	Tel No.
Email:	
EXTENT OF CREDIT REQUIRED	
Please state the amount of credit required per month £	
Estimated Value of annual Purchases By You £	

DECLARATION BY APPLICANT		
i/We hereby request you to open a credit account.		
I, being an authorised signatory of this business accept your Terms & Conditions of Sale and agree that payment of all accounts will be received by Electro-Replacement Limited within the stated credit terms.		
Name of Person Authorising Application		
Signature:	Print Name:	Date: