



Tel: 020 8807 5948
Tel: 020 8807 1158
Tel: 01992 634575
Fax: 020 8807 1006

Credit Account Application Form

COMPANY DETAILS-

TRADING NAME

ADDRESS

TEL NO.

FAX NO.

EMAIL

IF PARTNERSHIP OR SOLE TRADER PLEASE COMPLETE THE FOLLOWING AND ATTACH A RECENT UTILITY BILL.

NAME AND ADDRESS OF PRINCIPAL(S)

MAIN TRADING ACTIVITY

TYPE OF BUSINESS (please indicate which business type applies)

- A. REGISTERED COMPANY
- B. SOLE TRADER
- C. PARTNERSHIP

IF REGISTERED COMPANY PLEASE COMPLETE THE FOLLOWING:-

ADDRESS OF REGISTERED OFFICE

COMPANY REGISTRATION NO.

DATE OF FORMATION

DATE OF FINANCIAL YEAR END

NAME & ADDRESS OF HOLDING COMPANY (if applicable)

BANK DETAILS:-

NAME OF BANK

SORT CODE XX-XX-XX

ACCOUNT NO.

ADDRESS OF BANK

TRADE REFERENCES-

SUPPLIER A - NAME AND ADDRESS

CONTACT NAME

TELEPHONE NO

TRADING ACTIVITY

TRADING WITH SINCE:-

SUPPLIER B - NAME AND ADDRESS

CONTACT NAME

TELEPHONE NO

TRADING ACTIVITY

TRADING WITH SINCE:-



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CREDIT REQUIRED:-

ESTIMATED TOTAL PURCHASES P.A. £ CREDIT LIMIT REQUESTED P.A. £

PLEASE STATE DETAILS OR EVIDENCE TO SUPPORT YOUR PURCHASES AND CREDIT REQUIREMENTS

WHAT PAYMENT METHOD WILL YOU USE (CASH, CHEQUE, TRANSFER ETC)

WHAT ARE YOUR PAYMENT TERMS FROM DATE OF INVOICE

HOW WILL YOU PRESENT PURCHASE ORDERS

AUTHORISED PURCHASERS:-

NAME

NAME

POSITION

POSITION

On behalf of I apply for monthly trading credit facilities with Hunt Skips Ltd in accordance with the Company's terms and conditions of sale, and agree to settle all accounts no later than the 30th day of the month following date of invoice.

I hereby authorise you to make enquiries relating to our credit standing as you consider necessary and to check the bank and trade references we have provided.

AUTHORISED SIGNATURE PRINT NAME

DATED PRINT POSITION

THIS SECTION IS FOR OFFICE USE ONLY

DATE ACCOUNT OPENED ACCOUNT NO

CREDIT AUTHORISED AUTHORISED BY

CREDIT DENIED JOB TITLE



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TO THE MANAGER OF

DATE

DEAR SIR/MADAM,

CUSTOMER NAME:

ADDRESS:

ACCOUNT NO

SORT CODE

We request your opinion as to the means and standing of the above business concern.

Also their trustworthiness in the way of business to the extent of £

Please find below their consent for you to provide this information to us.

CONSENT (To be completed by an account signatory of the business subject to the enquiry)

I

(Full Name)

of

(Business Name)

Consent to

Bank Plc

providing a reference on us and authorise the Bank to deduct such charges

(where applicable) as may be appropriate from the above account.

SIGNED
(Bank Account
Signatory)

DATED

SIGNED

DATED