TRADE ACCOUNT APPLICATION FORM

CASH ACCOUNT - COMPLETE SECTIONS 1, 2 & 5 **CREDIT ACCOUNT** - COMPLETE SECTIONS 1, 2, 3 & 4



IMPORTANT: PLEASE COMPLETE ALL REQUIRED FIELDS ACCURATELY IN BLACK INK TO AVOID DELAYS IN YOUR APPLICATION

	YOUR DETAILS Trading Name: Trading Address:	
1		
	Email Address:	
	Tel No:	Mob No:
2	ARE YOU A SOLE TRADER COMPLETE THIS	ARE YOU A LIMITED COMPANY? COMPLETE THIS
	Owner's Name:	Registered Number:
	Home Address:	Exact Legal Name:
3	TRADE REFERENCES (CREDIT Account Application Only)	TWO MAJOR SUPPLIER REFERENCES REQUIRED
	Supplier Name:	Supplier Name:
	Contact Name:	Contact Name:
	Address:	Address:
	Tel: Fax:	Tel: Fax:
	Approx Monthly Spend:	Approx Monthly Spend:
4	date of invoice. I am authorised to agree that these terms are a	ation Only) derstand that payment terms for this account are strictly 30 days from acceptable and confirm that these terms will not be exceeded. I have have not omitted any relevant information from this credit application.
	Name: S	igned: Date:
5	AGREEMENT (CASH Account Application Only)	
	Name: S	igned: Date: