



Stoneybridge Park, Pengover Rd, Liskeard, Cornwall, PL14 3NQ Tel: 01579 342212 Fax: 01579 344520

## APPLICATION FOR A CREDIT ACCOUNT

Full Trading Name: \_\_\_\_\_

Full Trading Address: \_\_\_\_\_

Type of Company (Delete as appropriate)      PLC      LTD      Partnership      Sole Trader

Address of Registered Office: \_\_\_\_\_

Accounting Address if different: \_\_\_\_\_

Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_ E Mail: \_\_\_\_\_

Name and Address of all Partners / Directors: \_\_\_\_\_

\_\_\_\_\_

How Long Established: \_\_\_\_\_ Registration No: \_\_\_\_\_

### Bank Details

Name: \_\_\_\_\_ Account No: \_\_\_\_\_

Address: \_\_\_\_\_ Sort Code: \_\_\_\_\_

\_\_\_\_\_

### Trade References (Full names and addresses please)

1. \_\_\_\_\_ 2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approximate Credit Limit required: \_\_\_\_\_

Signed: \_\_\_\_\_ Printed: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_