Credit Account Application Form



Company Details				
Full Name of Company:*				
Company Registration Number:*		VAT Registration Number:*		
Trading Address:*				
Post Code:*			Nature of Business:*	
Tel No:*			Fax No:*	
Website:*			Email Address:*	
Established Since (MM/YY):*		Business Type:* Ltd /Public/Partnership/Sole Trader		
	Limited	/ PLC	Companies	
Director 1 Name:*			Director 2 Name:*	
Home Address:*			Home Address:*	
Post Code:		Post Code:		
D.O.B:*		D.O.B:*		
	Compa	nies / F	Partnership / Sole Trader	
Proprietor 1 Name:*	Сотра	1100 / 1	Proprietor 2 Name:*	
Home Address:*			Home Address:*	
Post Code:		Post Code:		
D.O.B:*		D.O.B:*		
Mobile:		Mobile:		
Number of Partners:*				
	Acco	unt Info	ormation	
Accounts Payable Contact:*			Accounts Telephone No:*	
Accounts Email Address:*		Type of Account:* Credit Pro Forma		
Is a Purchase Order Number required?	Yes	No	Credit Level Required:*	
Receive invoices / statements by email?	Yes	No		
Name of Bank:*			Branch Address:*	
Sort Code:*			Account No:*	
	Trad	de Refe	erences	
Business 1 Name:*			Business 2 Name:*	
Trading Address:*			Trading Address:*	
Post Code:		Post Code:		
Contact No:*			Contact No:*	
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Please complete in block capitals and enclose a copy of your company letterhead.

Sections highlighted with * are mandatory for completion.

Applications that are not fully completed cannot be processed.

The above details are given to support this application for a Credit Account with your Company and I confirm all is true and correct.

I /We understand your terms and conditions of trading state that all accounts are due by the end of the month following the date of invoice. All claims shortages must be notified within seven days of invoice.

I /We agree that this agreement applies to all goods purchased from Kwikco Supplies and to those conditions that are amended, modified or updated from time to time.

I /We agree that we have read the full terms and conditions of this agreement formed of this Credit Application Form and agree to be bound by these conditions.

Authorised Signature:*	Please Print Name:*

Please return your completed form to sales @kwikcosupplies.co.uk. All applications will be processed within 48 hours of receipt.