



CREDIT APPLICATION FORM

please complete as much information as possible
and return to: Contact@droffice.co.uk

Name of Company:

Please tick: **Limited Company**

Trading Name:
(if different)

Partnership

Sole Trader

Registered Company Address

Invoice Address
(if different)

Delivery Address
(if different)

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Telephone: **Fax:**

Email:

Company Registration Number:

VAT Registration Number:

Type of Business: **Number of Staff:**

Bank Name, Branch and Address:

Sort Code: **Account Number:**

Credit Limit Required: **Name of Account Holder:**

Name and Address of Two Trade References other than Group or Associated Companies

Reference 1: **Reference 2:**

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Phone Number: **Phone Number:**

Fax Number: **Fax Number:**

Contact Name and Telephone Number for Credit Control:

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If credit is granted, we undertake to adhere strictly to your payment terms and conditions of sale - available on request

Print Name:

Position Held in Company: **Signature:**