

CREDIT ACCOUNT APPLICATION FORM

Company Name							
Full Company Address							
Postcode		Tel No					
Mob No		Fax No					
Directors:		Email					
Time in Business:		Website					
If Applicant is a Limited: Reg No;							
Registered Office Address;							
	a sole trader or partnership, please pr		of all proprietors.				
Type of trade:		Req Credit limit:					
	limit applied for should be equal to t	hree month anticipated pur	chases				
Bankers: Full Name and Addres	SS						
Trade Ref ? Please provide Name, address, Postcode, Phone/Fax numb							

Trade Ref 2 Please provide Name, address, Postcode, Phone/Fax number						
Nottage Joinery Lim	nited's terms of paym rmission for them to large arising for supp mpany letterhead with		ly.			
For Office use only:						
Trade Ref 1	Trade Ref 2	Credit Limit	Authorisa	tion	Date	
Sending Future Invo Dear Customer	ices and Statement v	ria Email				
		uture invoices and statemente preferred email address		ustomers via e	mail. To enable	us to d
Please forward your	information to emm	a@nottagejoinery.co.uk				
•		s below and fax to 01656	745083.			
Company Name & A	Auuress;					
Email Address;						
Kindest Regards,						

Emma Thomas Nottage Joinery Ltd