

C&T CREDIT ACCOUNT APPLICATION FORM



SHEFFIELD ROAD
SHEFFIELD
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S9 1RS
UNITED KINGDOM

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Would you please supply the following information to enable a sales account to be opened.

PLEASE NOTE: Payment terms are 30 days from the date of invoice (unless agreed otherwise).

We look forward to hearing from you.

Yours faithfully,

Johann McVoy
Credit Controller

Bank Details

Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>

Account Code	<input type="text"/>
Sort Code	<input type="text"/>

Trade Reference

Company Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Telephone	<input type="text"/>
Facsimile	<input type="text"/>

Trade Reference

Company Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Telephone	<input type="text"/>
Facsimile	<input type="text"/>

Is the address quoted correct Yes / No / Change

<input type="text"/>
<input type="text"/>

Are you a Distributor? YES NO

Company Owner/s, Directors & Partners

Holding Company Name

Company Address

Accounts Contact Name

Accounts Telephone

Accounts Facsimile

Account Email

Number of Employees

Anticipated monthly spend (£'s)

Date of formation of Company

Registration Number

VAT Number

I/WE CERTIFY THIS INFORMATION TO BE CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE AGREE TO ADHERE TO THE PAYMENT TERMS AGREED AND LAID OUT IN THE FORMAL LETTERS TO BE SUPPLIED WHEN AN ACCOUNT IS OPENED IN OUR NAME.

SIGNED

POSITION

NAME

DATE (PLEASE PRINT)