

TRADE CREDIT ACCOUNT APPLICATION FORM

Full Name of Applicant:

Business Type: Sole Trader Partnership Ltd Co PLC Other (Please tick one)
 Please specify:

VAT Number: Company Reg. No:

Trading Address:	Accounts Address:
.....	(if different)
Post Code:	Post Code:
Purchasing Contact:	Accounts Contact:
Telephone:	Telephone:
Email:	Email:

Bank Details

Bank Name:	Account Name:
Bank Address:	Sort Code:
.....	Account Number:
Post Code:	Credit Requested:

Directors

First Director	Second Director
----------------------	-----------------------

Trade References

Name:	Name:
Address:	Address:
.....
Post Code:	Post Code:
Telephone/Fax: /	Telephone/Fax: /
Contact:	Contact:

I/We hereby certify that all information given in this application is complete and accurate

In consideration of the granting of credit facilities I/we agree to settle the account within 15 days from the date of invoice and understand that non-compliance may lead to the restriction of the supply of goods/services and withdrawal of credit facilities. I confirm I am authorised to make this application and enter these commitments.

I/We understand that Thinstore (UK) Limited will carry out the necessary credit checks to ascertain credit worthiness prior to assigning credit facilities.

Signed:	Name:
Title:	Date:

Please be kind enough to return this form along with a sheet of your organisations headed paper.