

CREDIT ACCOUNT APPLICATION

Please complete all sections of this form

Company Name	Telephone Number
Registered Office Address	Fax Number
Company Reg. Number	Email Address
Invoice Address	Accounts Contact & Email
Company Activity	Year Formed
Credit Required Per Month	
£	
Bank/Building Society	
Bank Address	Account Name
	Account Number
	Sort Code
Trading Reference 1	Trading Reference 2
	3
Tel No:	Tel No:
IN SUBMITTING THIS CREDIT ACCOUNT APPLICATION FORM I CONFIRM THAT I HAVE READ AND AGREE TO ADHERE TO THE PLANT ROOM TERMS & CONDITIONS	
Signature	Position
Print Name	Date