



CREDIT APPLICATION FORM - CLICK ON THE TEXT AREAS TO TYPE YOUR INFORMATION

Company Name	<input type="text"/>	Telephone	<input type="text"/>
Registered Office Address	<input type="text"/>	Fax	<input type="text"/>
<input type="text"/>		Email	<input type="text"/>
Postcode	<input type="text"/>		

Invoice/Statement Address *If different from above*

Address	<input type="text"/>	Directors	<input type="text"/>
<input type="text"/>		Year Established	<input type="text"/>
Postcode	<input type="text"/>	Annual Turnover	<input type="text"/>
If Limited Company, Registration No.	<input type="text"/>	VAT Number	<input type="text"/>

Bank Details

Name	<input type="text"/>	Bank Account No.	<input type="text"/>
Address	<input type="text"/>	Sort Code	<input type="text"/>
<input type="text"/>		Credit Limit Required	<input type="text"/>
Postcode	<input type="text"/>		

If Sole Trader/Partnership Name and Addresses of Owners/Partners/Directors



Name and Address of Associated Companies (if any)

--

Trade References

Company Address Telephone Fax	Company Address Telephone Fax
--	--

I have read the Terms and Conditions, by signing this credit account application form I agree to accept them in respect of all business transactions between ourselves and **Quay Group Ltd.** The above information is correct to the best of my knowledge and belief.

This form must be signed by Director/Secretary/Owner/Partner/Other authorised signatory.

Signature _____

Print Name _____

Position:

Date:

Please print this form and send to: 5 St. Thomas Road, Brentwood, CM14 4DE with a sample of Company Headed Paper

For office use only

Discount Agreed _____%

Authorised By _____

Credit Limit Agreed _____

Authorised By _____

Account Opened _____

Approved By _____

Comments

--