

APPLICATION FOR CREDIT ACCOUNT



CUSTOMER DETAILS	
Company name:	
Address:	
Address:	
Postcode:	
Type of company:	<input type="checkbox"/> Limited Company <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership
Registration number:	
Registered Office Address (if different from above)	
VAT number:	
EORI Number	
Telephone:	
Email:	
Purchasing contact:	
Accounts contact:	

TRADE REFERENCES	
Company 1:	
Contact name:	
Address:	
Postcode:	

Telephone:	
Email:	
Company 2:	
Contact name:	
Address:	
Postcode:	
Telephone:	
Email:	

BANK DETAILS	
Bank name:	
Branch:	
Account number:	
Sort code:	

I hereby authorise -Faktor Ltd- to obtain references from the above, as and when appropriate. I agree to abide by the Terms and Conditions as set out by -Faktor Ltd- which include that all invoices are due to be paid within 30 days from the date of invoice, and that a Purchase Order must be given for services rendered.

Signed:	
Printed name:	
Position:	
Date:	