new*customer***account***form*

Application for Credit Facilities.

Please answer all the questions; we will be unable to process your application for credit facilities unless this form is fully completed and returned with a Letterhead/Compliment Slip.

pelicanpress
repro • print • finish
20 POLLARD STREET EAST
MANCHESTER M40 7ET
TELEPHONE:
0161 273 3434
FACSIMILE:
0161 273 2771
ISDN:
0161 274 4064

COMPANY NAME:	
LTD. COMPANY REG. NO:	CHARITY REG. NO:
STATUS OF APPLICATION:	
ARE YOU A LIMITED COMPANY ❑	SOLE TRADER ❑
A PARTNERSHIP ❑	REGISTERED CHARITY

ADDRESS OF REGISTERED OFFICE		***ADDRESS FOR INVOICE / STATEMENT***	
TEL:	FAX:	TEL:	FAX:
CONTACT:	EXT:	CONTACT:	EXT:
BANKERS:		***DIRECTORS / PARTNERS OR OWNERS NAME & ADDRESS:***	
SORT CODE:			
ACCOUNT NUMBER:			
TELEPHONE NUMBER :		FAX NUMBER:	

TRADE REFERENCE (1)	***TRADE REFERENCE (2)***	***TRADE REFERENCE (3)***
ACCOUNTS CONTACT:	ACCOUNTS CONTACT:	ACCOUNTS CONTACT:
TEL:	TEL:	TEL:
FAX:	FAX:	FAX:

CREDIT REQUIRED _____ ***(BASED ON TWICE ESTIMATED MONTHLY TURNOVER)***

TERMS REQUESTED _____ ***(OUR TERMS ARE NET MONTHLY; UNLESS OTHERWISE AGREED)***

I the undersigned have read/understood and agree to adhere to the Terms & Conditions overleaf.

SIGNATURE _____ ***DATE*** _____

PRINT NAME _____ ***POSITION HELD*** _____

FOR OFFICE USE ONLY

FOR OFFICIAL USE ONLY

CUSTOMER ACCOUNT NUMBER _____

DATE SENT _____ ***REPRESENTATIVE NUMBER*** _____

DATE RECEIVED FROM CUSTOMER _____

CREDIT AGREED _____ ***TERMS AGREED*** _____

BOOKKEEPERS SIGNATURE _____ ***DATE*** _____

AUTHORISING SIGNATURE _____ ***DATE*** _____