

# Credit Account Application Form



Trading Name			
Invoicing Address			
Post Code			

Company Registered No	
Company V.A.T. No	
Telephone No	
Fax No	
Credit Limit Required	£

SIC Code	
E-mail Address	
Accounts Contact	

**Please Include A Copy Of Your Company Letter Head Or Official Purchase Order**

Trade Reference (1)
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Trade Reference (2)
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Tel:	
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Tel:	
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Fax:	
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Fax:	
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Please note: We will make a search with a credit reference agency, which will keep a record of that search and will share that information with other businesses. We may also make enquiries about the principle directors with a credit reference agency. We will monitor and record information relating to your trade credit performance and such records will be made available to other organisations to assess applications for credit.

**I Have Read And Accepted The Terms And Conditions Of Sale Attached  
Payment Terms Are Strictly 30 Days From Date Of Invoice**

Signature		Date	/ /
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Print Name	
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Position In Company	
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<b>For Internal Use Only</b>			
<b>Branch Approval</b>		<b>Group Approval</b>	
Branch Code		Account Number	
Salesperson		Credit Limit	
Approved By		Date Approved	
		Approved By	

Please fax back upon completion to Lindsay Skellam on 01902 390185 or email [lskellam@deritend.co.uk](mailto:lskellam@deritend.co.uk)