Application for Credit Account



Customer Name (In full):		Registered Number:		
Status (Please tick)	☐ Limited Company	☐ Partnershi	р	☐ Sole Trader
Address of Registered Office:		Invoicing Address (if different)		
Post Code:		Post Code:		
Telephone:		Telephone:		
Fax:		Fax:		
Accounts Contact Details:		Trade References		
Contact Name:		Company:		
Telephone:		Address:		
Email (Invoices/Statements):				
Purchasing Contact:		Telephone:		
Details of first order:		Company:		
		Address:		
	Telephone:			
Our preferred method of payment is by BACS to KOREC				
Barclays Bank 139/142 North Street Brighton BN1 1RU	Sort Code: 20-12-75	Account Number	er: 53024040	IBAN: GB08BARC20127553024040
Our payment terms are 30 days from date of invoice. Please sign below to confirm acceptance of our Terms and Conditions as attached.				
Name (BLOCK CAPS)		Title:		
Date:	Signature:			
Head Office Use Only		_		
☐ Credit Checked	Referred	☐ Trade Refe	erences check	ed
Result:				Credit Limit:
Referral Approved by:				
Account Number:		Authorised by:		

Please be advised that we reserve the right to refer to credit reference agencies, when processing applications.