

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

		Date business commenced:	
Customer Name		<input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Company <input type="checkbox"/> Other	
Phone Fax			
E-mail			
Trading Address including postcode.			

BUSINESS AND CREDIT INFORMATION

IF LIMITED COMPANY:		Bank Name:	
Registered Office Address including postcode.		Bank Address:	
Company Registration No:		Account Number:	
VAT Registration Number:		Sort Code:	
Contact Email:		Amount Of Credit Required:	

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
Post Code		E-mail	
		Other	
Company name		Phone	
Address		Fax	
Post Code		E-mail	
		Other	

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice unless agreed in writing otherwise.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorise Roofing Supply Centre to make inquiries into the banking and business/trade references that you have supplied and that you agree to our terms and conditions as attached.

SIGNATURES

Director 1 Signature		Director 2 Signature	
Name and Title		Name and Title	
Date		Date	