

APPLICATION FOR CREDIT ACCOUNT

Registered Company Name & Address:	Invoice/Statement Address: (if different)
Legal Structure (please tick) Sole Trader () Partnership () Ltd Co ()	Registration Number:
Type of Business:	Date Established:
Vat No:	Credit required: £
CIS Reverse Charge Applicable: Yes / No	
For Invoicing Purposes Only: *Application or Invoice (*Delete as appropriate)	
Is there Retention:	Retention Amount: %
Submission Dates:	
Accounts Contact:	Tel:
Email:	Fax:
Purchasing/Buyer Contact:	Tel:
Email:	Fax:
Bank Name & Address:	Account No: Sort Code:
Customer Signature	Position in Company:
Please Print:	Date: