

CREDIT ACCOUNT APPLICATION FORM - Page 1

Applicant Business Name		
Registered or Trading Address		
Contact Name		
Position		
Telephone Number		
Fax Number		
E-Mail Address		
Invoice Address (if different)		
Accounts Contact		
Accounts Email Address		
Accounts Telephone Number		
Nature of Business		
Number of Years Trading		
Please indicate required credit limit		
Business Type (please tick)	<input type="checkbox"/> Sole Trader/Partnership*	
	<input type="checkbox"/> Limited Company	
	<input type="checkbox"/> PLC	
VAT Registration Number		

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Company registered number (if applicable)	
Bank Name and Address	
Sort Code	
Account Number	
IBAN or Swift Number	
Trade References – please list two trade suppliers with whom you are currently trading:	
Name and Address	Name and Address
Contact Name	Contact Name
Fax No or e-mail	Fax No or e-mail

We the undersigned accept that all items remain the property of SafetyBuyer UK until paid in full and all items supplied are in accordance with our standard Terms and Conditions (a copy of which is available on request). Unless otherwise agreed in writing, payment terms are 30 days net monthly. Late payments will incur interest charges.

Date	
Signature	Position

Please complete / scan and email to sales@safetybuyer.com or alternatively post to the address above.

For office use only			
Checked by		Date	
Approved by		Date	
Credit Limit		Account Number	
Account Manager			