

LIMITED COMPANY
APPLICATION TO OPEN A CREDIT ACCOUNT

Please note that this document should be read and completed FULLY in block capitals and that the FULL names of each individual be included.

FULL NAME OF COMPANY: _____

TRADING TITLES IF ANY: _____

COMPANY REGISTRATION: _____ YEAR REGISTERED: _____

OFFICE/INVOICING ADDRESS: _____

TELEPHONE NOs: _____ FAX No: _____

BANK NAME & ADDRESS: _____

ACCOUNT NAME: _____ ACCOUNT No: _____

Please note that this company's terms and conditions are payment of accounts by the 25th of the month following date of invoice. 2.5% interest will be charged on all overdue accounts. this company reserves the right to refuse giving credit and does not have to notify the applicant for the reasons for refusal.

I _____ Director of the above company confirm the above terms , and upon granting of credit facilities, confirm that I shall be personally liable for any debts owed by my company to you.

SIGNED: _____ PRINT NAME: _____ DATE: _____

CREDIT LIMIT REQUESTED: _____

I have read and agreed the Terms & Conditions (please retain) SIGNED: _____

Credit limit amount agreed: _____ Authorised: _____

Date account opened: _____ Account No: _____