

CREDIT APPLICATION FOR A BUSINESS ACCOUNT



BUSINESS CONTACT INFORMATION

Company Name :

Registered Company Address :

Postcode :

Date Business Founded :

Sole Trader

Partnership

Limited Company

PLC.

BUSINESS & CREDIT INFORMATION

Primary Business Address :

Postcode :

How long at current address?

Phone :

Email :

Fax :

Website :

Bank Name :

Bank Address :

Postcode :

Type Of Account :

Credit Limit Required : £1,000 £5,000 £10,000 Other

Accounts Contact :

Accounts Email :

Accounts Phone :

Order Contact :

Order Email :

Order Phone :

BUSINESS / TRADE REFERENCES *(Please ensure you fill in every box below)*

Company Name :

Address :

Postcode :

Phone :

Fax :

Email :

Website :

Type Of Account :

Company Name :

Address :

Postcode :

Phone :

Fax :

Email :

Website :

Type Of Account :

Company Name :

Address :

Postcode :

Phone :

Fax :

Email :

Website :

Type Of Account :

AGREEMENT

1. All invoices are to be paid 30 days end of month following invoice
2. Claims arising from invoices must be made within 7 working days
3. By submitting this application you authorise Rose Roofing Limited to make enquiries into the banking and business/trade references you have supplied
4. Goods are to remain the property of Rose Roofing Limited in full legal and equitable title until payment is received in full.

SIGNATURES

SIGN :

PRINT :

JOB TITLE :

DATE :