



Credit Account Application

Staff Initials (for office use only): ES

Your Company Details:

Company Trading Name:	
Date First Registered:	Registration Number:
Invoicing Address:	
	Post Code:
Telephone:	Fax:
E-mail Address:	
VAT number:	Accounting Year End:
Account contact name:	
Registered Office:	
Bank Name:	
Bank Address:	
Account Number:	Sort Code:

Credit Limit Requested: £

Do you operate a purchase order system? Yes No

Limited Company Partnership

Sole Trader Individual

TRADE REFERENCES

Company 1:	
Address:	
	Contact Name:
Telephone Number:	Fax Number:

Company 2:	
Address:	
	Contact Name:
Telephone Number:	Fax Number:

We hereby agree to abide by the standard payment terms of JB'S LTD being 30 days from the date of service.

Signed: _____ Print: _____

Date: _____ Position: _____