



Bachymbyd Workshop,
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LL16 4PF

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APPLICATION FOR CREDIT ACCOUNT

Applicants Details:

Business Legal Structure - Please tick one of the following:

<i>Sole trader</i>	<i>Partnership</i>	<i>Incorporated</i>	<i>Ltd</i>	<i>Plc</i>
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Sole Trader/Partnership Details Required:

Proprietors Name:

Trading Name (if different):

Business Address:

Postcode:

Telephone No:

Fax No:

Incorporated Company Details Required:

Company Name:

Company Registration Number:

Director(s) Name(s):

Registered Office Address:

Postcode:

Business Address (if different to above):

Postcode:

Telephone No:

Fax No:

Payment Options: *Please select the option you would prefer, subject to approval:*

- 1. Pay 50% Deposit – Balance on completion*
- 2. Full Payment On Completion*
- 3. 7 Day Invoice*
- 4. 30 Day Credit Account, subject to credit limit*

Bank Details:

Bank Name:

Bank Address:

Postcode:

Bank Account Number:

Sort Code:

Other Details Required:

If VAT Registered: VAT Number:

Job Orders Contact Name:

Account/Invoice Enquiry Contact Name:

Trade References:

- 1. Company Name:
Address:*

Postcode:

Telephone No:

Contact:

- 2. Company Name:
Address:*

Postcode:

Telephone No:

Contact:

***The information given above is complete and correct to the best knowledge of the undersigned.
I/We apply for a credit account:***

Authorised signature:

Print Full Name:

Date:

2nd Authorised signature (Partnership)

Print Full Name:

Date: