

Suresafe Protection Limited

APPLICATION FOR CREDIT ACCOUNT

PLEASE COMPLETE IN FULL BLOCK LETTERS

Business Details			
Full trading name/s of applicant:			
Trading Address:			
			Postcode:
Phone Number:	Fax Number:		
Limited Company or Public Limited Company:			
Address of Registered Company (if different):			
Year of incorporation:	Registration number:		
Partnerships			
Give full name and private address of all partners:			
Year of commencement of business:		Number of employees:	
Bank Details			
Bankers Address:			
Account number:	Sort Code:		
Trade References:			
Name and address of 2 trade suppliers, please include telephone and fax numbers:			
Reference 1:	Phone:	Fax:	
Reference 2:	Phone:	Fax:	
Please state monthly credit limit required (£)			
Name of your Managing Director/Managing Partner:			
Name of the person responsible for payment of account on time:			
Director's/Partner's/Officer's Declaration:			
By signing this application I agree to Suresafe Protection Limited's Terms and Conditions of sale which I have viewed online at http://www.suresafe.co.uk/files/terms.pdf , and I Guarantee that all payments due will be met and settled within any credit terms granted by Suresafe Protection Ltd.			
Signed	Name	Status	Date

Suresafe Protection Ltd. 8 Kelvin Road, East Lenziemill, Cumbernauld G67 2BA

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