

Suresafe Protection Limited
APPLICATION FOR CREDIT ACCOUNT



Business Details			
Full trading name/s of applicant:			
Trading Address:			
Postcode:			
Phone Number:		Fax Number:	
Limited Company/Public Limited Company or sole trader (please circle)		Limited	PLC
Sole Trader			
Address of Registered Company (if different):			
Year of incorporation:	Registration number:	VAT number:	
Year of commencement of business:	Number of employees:		
Bank Details			
Account Name:		Bank Name:	
Bank 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 the person responsible for payment of account on time:			
Telephone Number:		Email address:	
Director(s) name:			
Can you accept part orders? (Y/N)		Are purchase order number required? (Y/N)	
Would you like a confirmation of your order emailed? (if so please give email address)			
Email address for order confirmations			
Name of the person(s) authorised to buy for your company (use continuation sheet if necessary)			
Name:			
Telephone Number:		Email address:	
Name:			
Telephone Number:		Email address:	
Director's/Partner's/Officer's Declaration:			
By signing this application I agree to Suresafe Protection Limited's Terms and Conditions of sale overleaf, 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			

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