

# Credit Account Application

Trading Name	
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Invoice Address	
Postcode	

Delivery Address	
Postcode	

Phone Number	
Fax Number	
Sales Contact	
Email Address	
Accounts Contact	
Email Address	
Website Address	

Type of Company:	Limited Company		Partnership	
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Sole Trader		Other (please specify)		
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Please Provide Full Name(s) and Address(s) of Sole Trader/Partners on a Separate Sheet.

VAT Number	
Credit Limit Required	

Company Reg. No.	
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# Credit Account Application

Bank Name			
Address			
Account Number		Sort Code	

Trade Reference 1

Address	
Telephone Number	
Email address	

Trade Reference 2

Address	
Telephone Number	
Email address	

EASTERN SEALS (UK) LTD STANDARD PAYMENT TERMS ARE 30 DAYS FROM DATE OF INVOICE

PLEASE READ THE TERMS AND CONDITIONS SUPPLIED WITH THIS APPLICATION

**PLEASE EMAIL OR FAX YOUR COMPLETED FORM, SIGNED AND DATED TO 01670 840644**

Signature	
Print Name	
Position	
Date	

<b>For Internal Use Only</b>	
Acc No	
CC Status	
Approved by	