

Credit account application

Company details

Business type: Limited company Partnership Sole trader (Please tick)

Full trading name: _____

Company registration number: _____

Trading address: _____

Postcode: _____

Telephone: _____

Fax: _____

Mobile: _____

Email*: _____

Years of incorporation: _____

If partnership or sole trader, give full names and private address of partners/owners

Full name: _____

Full name: _____

Trading address: _____

Trading address: _____

Postcode: _____

Postcode: _____

Bank details

Name or bank/building society: _____

Address: _____

Postcode: _____

Trade references

Name: _____

Name: _____

Trading address: _____

Trading address: _____

Postcode: _____

Postcode: _____

Max credit limit required

£

Authorised declaration

I/We hereby request you to open a credit account. *I/We will accept invoices and statements sent electronically via email.
I/We being authorised Officer of this business, do agree that payment of all accounts will be received by Hargreaves, within your stated credit terms, being 60 days nett. Goods will remain the property of Hargreaves until payment is received in full.
I/We appreciate that adherence to this declaration is essential of the contract between us.

Signed: _____

Date: / /

Print name: _____

Position: _____