

APPLICATION TO OPEN A MONTHLY CREDIT ACCOUNT

NAME OF COMPANY		Company no.
TRADING ADDRESS		INVOICE ADDRESS (IF DIFFERENT)
TELEPHONE:		EMAIL
FAX:		

Name & Address of Proprietors or Partners if not Limited Company

Bankers Details

By signing this application form you authorise your Bank to provide a reference

BANK NAME AND ADDRESS	
SORT CODE:	ACCOUNT NUMBER:

Please supply two trade references

Tele	Fax	Tele	Fax

Credit terms are 30 days only.

MONTHLY CREDIT REQD: £	BUSINESS AGE (FIRST TRADED)
SIGNATURE	DATE
PRINT	POSITION

YOUR CREDIT ACCOUNT WILL BE OPENED WHEN SATISFACTORILY REFERENCES ARE RECEIVED.

THIS FORM ACKNOWLEDGES AND ACCEPTS OUR STANDARD CONDITIONS OF BUSINESS WHICH CAN BE VIEWD ON OUR WEB PAGE.

FOR OFFICE USE ONLY

Value of initial order	CREDIT LIMIT:
Credit Ref	Comments
Rep	Date
	Approved

Tel: 0161 430 0222 Fax: 0161 430 0221 Email: sales@oosl.co.uk