



New Credit Account Application Request Form

MAXIMUM MONTHLY CREDIT REQUIRED			£
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COMPANY STATUS (Please tick appropriate box)					
Limited Company	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Sole Trader	<input type="checkbox"/>

FULL TRADING TITLE			
Trading Address:			
		Post Code	
Phone Number	Fax Number	E-mail address	
If Ltd. Co., Company Registration No.		VAT Reg. No.	

IF PARTNERSHIP / SOLE TRADER - Names & Addresses of all Principals

1)	
2)	
3)	
4)	

Main Purchase Buyer		Tel. No	
Main Account's Person		Tel. No	

Provide any other information that may support your application e.g. brief details of outgoing contracts:


TRADE REFERENCES

Co. Name:		Co. Name:	
Address:		Address:	
Post Code	Phone No	Post Code	Phone No
Contact Name:		Contact Name:	

COMPANY BANKERS

Name:		
Address:		
Post Code:		
Account No.:	Sort Code:	How Long Banked with?

This company uses a third party credit reference agency for credit assessment purposes.  
In submitting a request for this Company to open a credit account, you are hereby providing us with your consent to carry out any credit reference searches that we deem necessary to support your application. These searches will be taken for credit information purposes only, and may be carried out on both your company and its Principals.  
The credit reference agency may also keep a record of our enquiry and share that information with other businesses that may also make enquiries about the company and its Principals.  
This does not affect your statutory rights.  
You are also agreeing to abide by the Terms and Conditions of this Company in the absence of any written authority, strictly from this Company, to the contrary.

**Declaration:** I wish to open a credit account with Deliver Plus Limited.  
I am authorised by my company to do so.  
The applicant acknowledges having received a copy of the suppliers Terms & Conditions and agrees to the conditions therein.

Full name	
Position / Title	