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APPLICATION TO OPEN A CREDIT ACCOUNT

Please Pri	<u>nt</u>	Date:
Full Title of C	ompany:	
Company Reg	. No. if Ltd:	
Nature of Busi	iness:	
Name of Perso	on making application:	
Signature:		
Your position	in Company:	
Invoice Addre	ss:	
		Post Code:
	Telephone No:	Fax No:
	Email Address (for general	enquiries):
Home Address	s/s if Sole Trader/Partnership:	
		Post Code:
Accounts Que	ries contact:	
Accounts Ema	nil Address:	
Amount of Cr	edit required:	
Name & Addr	ess of Trade Referees:	
1		2
Post Code	e:	Post Code:
Phone:		Phone:
Email:		Email: