

Credit Account Application Form or Increase of Credit Facilities For Fireguard Products & Services Ltd



To:
Date:

Fax:
Issued By:

Full Trading Name or Name of Proprietor if not a Limited company				
Company VAT Number				
Company Registration No.				
Registered Office Address				
	City		Postcode	
Trading Address				
	City		Postcode	
Telephone Number			Fax	
Email Address			Website	
Years Trading				
Credit Limit Requested				
Type of Business				
Purchaser Ledger Contact Name				
	Tel no.		Fax	
	Email			
Buyers Name				
	Tel no.		Fax	
	Email			
Normal Delivery Address (if different from office)				
	City		Postcode	
Statement Address (if different from office)				
	City		Postcode	
Telephone Number			Fax	

Bankers Name & Address			
	City		Postcode
Sort Code			
Account Number			
Years Account Held:			

Reference 1 Address			
	City		Postcode
Telephone Number			Fax
Email Address			
Annual Purchases excl. VAT			Type of business
Reference 2 Address			
	City		Postcode
Telephone Number			Fax
Email Address			
Annual Purchases excl. VAT			Type of Business

Please supply the title and full names of all Directors, Proprietors or Partners. (this information is essential)

Director		Director	
Director		Director	

1. Please forward a sample of your letterhead with this application.
2. Please tick here if you will **always** provide an order number with requests for goods (we may reject orders without order numbers).

Thank you, please fax back on
01924 270841

By signing below I confirm that this Company will abide by the Terms and Conditions received with this document, and that no other terms & conditions shall apply unless agreed in writing by the seller.

Signature: _____

PRINT NAME:

This application maybe refused if the signature is not a Director/Company Secretary or an Authorised Signatory.