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CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUILDINESS	CONTACT	INFORMATION

Company Name		Date business commenced			
Mobile Number		Sole proprietorship			
Phone Number		Partnership			
E-mail		Corporation			
Invoice address with Postal Code	New York Control of the Control of t	Ltd			
BUSINESS AND CREDIT INFORMATION					
Company Registration Number		Company Vat Number			
Account Contact Name		Bank Account Name			
Account Phone Number		Bank Name			
Account Fax number		Account Sort Code			
Account E-mail		Account Number			
	BUSINESS/TRADE REFERE	NCES			
Company name		Phone			
Address		Fax			
Post Code		E-mail			
Company name		Phone			
Address		Fax			
Post Code		E-mail			
Company name		Phone			
Address		Fax			
Post Code		E-mail			
	AGREEMENT				

- All invoices are to be paid 30 days from the date of the invoice.
- Claims arising from invoices must be made within seven working days.
- By submitting this application, you authorize to make enquiries into the banking and business/trade references that you have

SIGNATURES

Signature	Name and Title	
Date		PLEASE ATTACH COPY LETTERHEAD