Application for Credit Account

Customer Details:

Company Name:	
Address:	
Telephone:	
Email:	
Main Contact:	
Accounts Contact:	
Accounts Email:	
Limited Co Reg no:	
Register Office Address (If different from above)	

Trade References:

Company 1		**Company 2**	
Address		**Address**	
Contact		**Contact**	
Email		**Email**	
Telephone no.		**Telephone no.**	

Bank Details:

Bank Name:	
Branch:	
Account No:	
Sort Code:	

Credit Limit Required:

I/We hereby apply for a credit account at Frames and Fascias Ltd and confirm all information supplied is correct. I/We agree to have the necessary credit checks undertaken. I/We agree to abide by settlement terms and all invoices are due to be paid within 30 days from the date of the invoice:

Unit 1 1-14 Gosforth Road
Derby, DE24 8SR
T: 01332 362999

Signed:	
Printed name:	
Position:	
Date:	

*Please supply a copy of your **driver's license & company letterhead** (if available) along with your application.*

Send this into your local branch or email it over to the respected branch's area manager:

chris@framesandfascias.co.uk

chrisnorton@framesandfascias.co.uk

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