

Viking House, Benbridge Industrial Estate, Heybridge, Maldon, Essex, CM9 4XP

T: 01621 858864 E:danburyoils@aol.com W:www.danburyoils.co.uk

**CREDIT ACCOUNT APPLICATION**

|  |
| --- |
| **APPLICANT DETAILS** |
| FULL TRADING NAME OF APPLICANT |  |
| TRADING ADDRESS |  |
| POSTCODE |  | TELEPHONE No. |  | ACCOUNTS EMAIL |  |
| **IF LIMITED COMPANY OR PUBLIC LIMITED COMPANY** |
| ADDRESS OF REGISTERED OFFICE |  |
| YEAR OF INCORPORATION |  | COMPANY REGISTRATION No |  | VAT REGISTRATION No |  |
| No. SHARES ISSUED |  | OF NOMINAL VALUE £ |  |
| **IF PARTNERSHIP, GIVE FULL NAMES (NOT INITIALS) AND PRIVATE ADDRESSES OF ALL PARTNERS** |
| **A** |  |
| **B** |  |
| **C** |  |
| **D** |  |
| **E** |  |
| YEAR OF COMMENCEMENT |  | VAT REGISTRATION NO. |  |
| **BANK DETAILS** |
| BANK NAME |  | ADDRESS |  |
| SORT CODE |  | ACCOUNT NO. |  |
| **SIZE OF BUSINESS** |
| No. OF EMPLOYEES |  | ANNUAL SALES £ |  |
| **REFERENCES** |
| **NAME, ADDRESS AND TELEPHONE NUMBER OF TWO PRINCIPAL SUPPLIERS** |
| SUPPLIER 1 |  | VALUE OF ANNUAL PURCHASES | £ |
| ADDRESS |  | TELEPHONE No. |  |
| SUPPLIER 2 |  | VALUE OF ANNUAL PURCHASES | £ |
| ADDRESS |  | TELEPHONE No. |  |
| **PLEASE STATE MAXIMUM CREDIT REQUIREMENT** | £ |
| **NAME OF MANAGING DIRECTOR** |  |
| **NAMES OF YOUR DIRECTORS** |  |
| DIRECTOR 1 |  |
| DIRECTOR 2 |  |
| DIRECTOR 3 |  |
| NAME OF PERSON RESPOSIBLE FOR PAYMENT OF ACCOUNT |  |
| **DECLARATION BY CREDIT APPLICANT** |
| We hereby request you to open a credit account. |
| **Director/Partner Declaration:** |
| I, being an authorised officer of the business, do agree that payment of all accounts will be received by you (our supplier) within the stated credit terms. I/We appreciate that the adherence to this obligation is the essence of the contract between us. |
| **SIGNED** |  | **PRINT NAME** |  | **DATE** |  |

PLEASE NOTE, OUR TERMS ARE STRICTLY NET MONTHLY ACCOUNT

AS AN AUTHORISED OFFICER OF THE COMPANY, YOU ARE ACKNOWLEDGING AND AGREEING TO THESE TERMS