A picture containing logo

Description automatically generated

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

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**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