

Credit Account Application Form

(This section is for office use only)

Status	Credit Limit	Credit Terms

Business Contact Information

Contact Name:					
Company Name:					
Phone number:		Email:			
Registered address:					
Town:		County:		Postcode:	
Date business commenced:		VAT Number:			

Business and Credit Information

Primary Address:					
Town:		County:		Postcode:	
How long have you been at the above address?					
Phone number:		Email:			
Bank Name:		Bank Town:			
Type of Account		Account Name:			
Account number:		Sort Code:			
Required Credit:					

Business & Trade References - 1

Company Name:		Contact Name:			
Company Address:					
Town:		County:		Postcode:	
Phone Number:		Email:			
Type of Account:		Credit Limit:			

Business & Trade References - 2

Company Name:		Contact Name:			
Company Address:					
Town:		County:		Postcode:	
Phone Number:		Email:			
Type of Account:		Credit Limit:			

Business & Trade References - 3

Company Name:		Contact Name:	
Company Address:			
Town:		County:	
		Postcode:	
Phone Number:		Email:	
Type of Account:		Credit Limit:	

Account Agreement

1. All invoices are to be paid 30 days from the date of the invoice unless agreed otherwise.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application you authorise EasyMix Concrete UK LTD to make inquiries into the banking and business or trade references that you have supplied.

Signatures

Name:		Date:		Name:		Date:	
Comments:							



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