



D W CLARK & SONS LTD

Storage & Distribution

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FOR QUALITY SERVICE WE GO THE DISTANCE

CREDIT APPLICATION FORM

COMPANY NAME:

COMPANY REGISTRATION:

COMPANY ADDRESS:
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.....

TELEPHONE:

FAX:

INVOICING ADDRESS: (IF DIFFERENT TO ABOVE)
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VAT REGISTRATION NO:

YEARS AT PRESENT ADDRESS:

YEARS TRADING UNDER NAME:

OPERATIONAL CONTACT
NAME:
TELEPHONE:
FAX:

ACCOUNTING CONTACT
NAME:
TELEPHONE:
FAX:

BANK DETAILS
NAME:
ADDRESS:
.....
.....
ACCOUNT NAME:
ACCOUNT NUMBER:
SORT CODE:

TRADE REFERENCES
COMPANY NAME:
ADDRESS:
.....
.....
TELEPHONE:
COMPANY NAME:
ADDRESS:
.....
.....
TELEPHONE:

We hereby apply to open a credit account and agree to abide by your credit terms of "payment due by the end of the month following date of invoice" and RHA conditions of trading (copy available on request).

CUSTOMER SIGNATURE:

POSITION:

DATE:

PLEASE RETURN THE COMPLETED FORM TO THE ABOVE ADDRESS OR FAX IT TO 01621 869 408 WITH A COPY OF YOUR COMPANY LETTERHEAD