

Application for Cash/Credit Account

Cash Account Credit Account (Please Tick)

Company Name:

Contact Name & Address:

*Company Reg No:

Tel No:

Fax No:

Limited Company Sole Trader LLP (Please Tick)

*Registered Office Address

(If any different from above):

*Names of proprietors **(If non-Limited Company – Please include Home address)**

Trade References (if applying for a credit account)

1.Company:

2.Company:

Contact Name & Address:

Contact Name & Address:

Tel No:

Tel No:

Fax No:

Fax No:

Bank Details (if applying for a credit account)

Name:

Branch:

Account No:

Sort Code:

I hereby Authorise Home Plastics Ltd to obtain references from the as and when appropriate. I agreed to abide by the terms and conditions as set out by Home Plastics Ltd which include that all invoices are due to be paid at the end of each calendar month from the date of invoice and that a purchase order must be given for services rendered.

I declare I have authority to apply for credit limit of £ _____ on behalf of the company.

Signed

Print

Date

Please Complete in full and fax to **0161 359 3373**