

## APPLICATION TO OPEN A CREDIT ACCOUNT

### COMPANY DETAILS

Company name			
Address			
		Postcode	
Telephone number			
E-mail			
Website address			
Company registration number			
Length of time business established			
Requested credit limit			

### ACCOUNTS CONTACT

Name of accounts person	
Accounts E-mail	
Accounts telephone number	

### TRADE REFERENCES No1

Name	
Address	
Postcode	
E-mail	

### TRADE REFERENCES No2

Name	
Address	
Postcode	
E-mail	

### BANK DETAILS

Name			
Address			
Postcode			
Account number		Sort code	

### CAMBRIAN PRINTERS LTD STANDARD TERMS OF PAYMENT ARE 30 DAYS NETT

I / We request a credit facility with the Supplier named above. I / We have received, read and understand their Terms of Trade (<http://www.cambrian-printers.co.uk/wp-content/uploads/2010/09/CP-conditions1.pdf>) and agree that all transactions between us will be governed by those Terms. Specifically I / we agree to pay all Invoices rendered correctly by the Supplier within the stated period.  
I / We give my / our consent to a credit search being made on me / us as owner / partner or director of this organization both now and at any future date.

Signature _____	Position _____
Name _____	Date _____
Duly authorised signatory of customer	