Private & Confidential

To avoid any delay in handling your orders, please:

- Complete the questionnaire in block capitals.
- Answer all the questions.
- Attach a printed sample of your letterhead or compliments slip.









Application for Credit Account

 Company Details 			
Legal Name:			
Trading as:			
Trading address:			
Telephone:	Facsir	nile:	
Registered Office:			
Ultimate Holding Company (where a			
Co. Reg. No:	VAT	Reg. No:	
Type of Business:			
Company Established:	_ Yrs. Current An	nual Purchases (£)	
If not a Limited Company, o	details of Partners or I	Principal:	
Name:	Name:	Name:	
Address:	Address:	Addres	ss:

/ taa1000.					
			Post	t Code:	
Account No.:			Sort Code:		
NB: under curi	rent banking guid	elines, a signed a	authority is required	for a reference to l	be given
• Tradin	ng Referen	ces			
Ref 1:			Ref 2:		
 Credit 	Limit				
Amazint of Ovadit	Degreeted (C)		10 0 11 100 0 10 th		
Amount of Credit	Requested (£):		_ per month.		
			_ per month.		
Amount of Credit Declar			_ per month.		
• Declar	ration		_ per month. neral conditions of s	ale, and hereby agı	ree to abide by the
• Declar	ration have received th	e company's ger		, ,	•
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Bank Details

Private and Confidential For Internal Use Only







• End	uir	y to the	Manager:
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Bank Name: Bank PLC	
Branch Address:	
Sort Code No.:	
• Enquiry form:	
Name: Clayton Glass Ltd	
Address: Clayton Glass Ltd, Harelaw Industrial Estate, North Ro	pad, Stanley, Durham
	Post Code: DH9 8UX
Tel.: <u>01207 288200</u> Fax.:	01207 230699
Date: Contact Name:	
• Information requested on: (Prospective Custon I/We request your opinion as to the means and standing of	ner)
and his/her/their trustworthiness in the way of business to the extent of	of £
I/We enclose my/our fee of £ on	terms
Account number (for identification purposes only)	
• Consent:	
Subject's full name:	
Subject's bank:	
Full name and address of enquirer:	
I/we:	
consent to: Bank PL	
Signed: Date:	

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