



CREDIT ACCOUNT APPLICATION FORM
 Please complete and return to Fence Stores Ltd -
 Chapel Lane, Parley, Christchurch, Dorset BH23 6BG
 Tel: 01202 579539 Fax: 01202 579792

Please use block capitals -

CUSTOMER DETAILS

Full Trading names(s) of applicant: _____

Full name(s) of owners(s) if Sole Trader/Partnership: _____

Directors name(s) if limited company: _____

Trading Address: _____

Post Code: _____

Tel No: _____ Mobile No: _____ E-Mail: _____

Year Trading Commenced: _____

Rgistered Office Address if Ltd Co: _____

Post Code: _____

Company Reg. No. _____ Credit Limit Required: £ _____

Name of person responsible for payment of accounts: _____ Tel No: _____

BANK DETAILS

Bank Name: _____ Branch: _____

Address: _____

Post Code: _____

Sort Code: _____ Account No: _____

TRADE REFERENCES

Please give name, address & fax number of two suppliers with whom you have a net 30-day credit account. Please note if no fax numbers are given, we cannot proceed with your credit application. N.B. Travis Perkins, Jewsons & Wolseley do not give credit references

Name:	Address:	Fax Number only:
1		
2		

SIGNATURE

I hereby certify that the information on this account application is correct and agree to accept the terms and conditions of trading as detailed. I also authorise the bank and trade references listed above to release information necessary to setting up this account and establishing a line of credit. Our terms are strictly net 30 days from the date of invoice.

Name (Print): _____ Position: _____

Signature: _____ Date: _____

Office use only

Approved By: _____ Date: _____ Credit Limit: £ _____

Comments: _____