



30 DAY CREDIT ACCOUNT APPLICATION

BUSINESS NAME _____ DATE _____.

ADDRESS _____.

_____.

POSTCODE _____.

TELEPHONE _____, FAX _____.

TYPE OF BUSINESS _____.

INVOICE CONTACT _____.

TELEPHONE _____, FAX _____.

Type of Business (Please circle) – Ltd Co Partnership Sole Trader

COMPANY REGISTRATION No (If Ltd) _____.

VAT NUMBER _____, CREDIT LIMIT APPLIED FOR _____.

Nos OF YEARS TRADING _____.

SIGNATURE _____, POSITION _____.

TWO TRADE REFERENCES PLEASE

_____.COMPANY._____.

_____.ADDRESS._____.

_____.ADDRESS._____.

_____.ADDRESS._____.

_____.TELEPHONE._____.

ALL GOODS ARE CARRIED SUBJECT TO OUR STANDARD TERMS AND CONDITIONS OF CARRIAGE
(A COPY IS AVAILABLE ON REQUEST).

PLEASE COMPLETE & FAX TO 01926 485156

MOAT FARM TRADING LTD
Moat Farm, Case Lane, Five Ways, Hatton, CV35 7JD.