



# 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: \_\_\_\_\_ Fax No: \_\_\_\_\_ Mobile: \_\_\_\_\_

Year Trading Commenced: \_\_\_\_\_

Registered 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 below the names, addresses and contact phone and fax numbers of two suppliers with whom you have a net 30-day credit account.

Name:	Address:	Tel No:	Fax No:
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: \_\_\_\_\_

Would you be interested in opening an account with one or both of the following companies Golden Acres Nursery:  Eco Composting:

*Office use only*

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ Credit Limit: £ \_\_\_\_\_

Comments: \_\_\_\_\_