
CUSTOMER CREDIT APPLICATION FORMPlease complete and return to: Accounts@stocksigns.co.uk.

Application form must be completed by a Finance Director or Managing Director.

Trading Name	
Date Established	
Nature of Business	
Trading Address	
Post Code	
Telephone Number	
Mobile Number	

Contact Name	
Email Address	

CREDIT LIMIT REQUIRED	£
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LIMITED COMPANIES

Registered Name	
Registered Number	
VAT Number	

ACCOUNTS DETAILS

Contact Name	
Address (if different)	
Telephone Number	
Email address	

BANK REFERENCES

Bank	
Address	
Account Name	
Account Number	
Sort Code	

CREDIT REFERENCES

Company Name	
Address	
Contact Name	
Telephone Number	

Company Name	
Address	
Contact Name	
Telephone Number	

CREDIT TERMS AND CONDITIONS

1. All invoices are to be paid within 30 days from date of invoice.
2. Queries must be reported and acknowledged within seven days from date of delivery.
3. Title of goods supplied does not pass to the customer in trade for a trade reference.
4. By submitting this application, you authorise Stocksigns Ltd to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature and Position	Name	Date