



Credit Account Application Form

Full Trading Name:			
Invoice Address:		Tel No:	
		Fax No:	
		Post Code:	
E-mail:			

Years Trading:	<input type="text"/>	Trading style:	Plc	<input type="checkbox"/>	Ltd	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Sole Trader	<input type="checkbox"/>
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If Ltd, Registered Address:

	Co Reg. No:	
	Date of Inc.	
	Post Code:	

If Partnership, Principles names and addresses

1,	<input type="text"/>
2,	<input type="text"/>
3,	<input type="text"/>

If Sole Trader, name and private address

Name:		Tel No:	
Address		Fax No:	
		Post Code:	
E-mail:			

**Bankers Reference**

Name:		Tel No:	
Address		Yrs' Acc Held	
		Account No	
		Sort Code	

**Trade Reference 1**

Name:		Tel No:	
Address		Fax No:	
		Contact Name:	
		E-mail Address	

**Trade Reference 2**

Name:		Tel No:	
Address		Fax No:	
		Contact Name:	
		E-mail Address	

Amount of Credit Required	£ <input type="text"/>
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**Declaration**

The details given on this form are, to my (our) knowledge, complete and accurate. I authorise STYLE OFFICE SOLUTIONS LTD to take up necessary references to assess this credit application. In addition, I/We accept agreement of your condition of sale and supply, and agree to adhere to STYLE OFFICE SOLUTIONS LTD payment terms of 30 days from date of invoice.

Authorised Signatur

Name:

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