



# Credit Account Application Form

## Type of Business

Sole Trader Partnership  Limited Company

Full Name of Business \_\_\_\_\_

Trading Name (if different) \_\_\_\_\_

Registered Company Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

VAT Number \_\_\_\_\_

## Sole Trader / Partnership Details

Full Name and Home Address of Proprietor / Partners

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_ Postcode \_\_\_\_\_ Postcode \_\_\_\_\_

## Limited Company Details

Registered Company No. \_\_\_\_\_ Directors Position

Trading Address (if different from above) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_ Co. Secretary \_\_\_\_\_

## About Your Business

Date Commenced Trading \_\_\_\_\_ Number of Employees \_\_\_\_\_

Turnover Last Year £ \_\_\_\_\_ Projected Turnover For This Year £ \_\_\_\_\_

Bought Ledger Contact \_\_\_\_\_ Position \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

# Credit Requirement

Which type of account do you require? Credit Account  Cash Account

Method of Payment Cheque  BACS  Credit Card\*

\*Please Note: Administration charge may be applied

Credit Limit Required £ \_\_\_\_\_

If we are unable to approve a credit account, would you still like to obtain a cash account? Yes  No

## References

Company Name

Company Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_ Postcode \_\_\_\_\_

Monthly Spend Credit Limit £ \_\_\_\_\_ Monthly Spend Credit Limit £ \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

## Bank Details

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Sort Code \_\_\_\_\_ Account Number \_\_\_\_\_

Length of Time With Bank \_\_\_\_\_ Do You Have a Company Credit Card \_\_\_\_\_

## Payment

Payment shall be 30 days from the date of invoice. Late payments are subject to an 8% surcharge plus interest at 3% above Santander Banking Group base rate. Errors and Omissions to be notified in writing within 14 days. Orders accepted in accordance with our terms and conditions of sale, copies available on request or downloadable from our web site. Please sign below to confirm your acceptance of these terms.

For and on behalf of .....

Signature..... Title.....

Print name..... Date.....

**Please fax this completed form to 01672 555461 or email to [info@tscgroup.co.uk](mailto:info@tscgroup.co.uk)**