

ABPAC LTD - CREDIT ACCOUNT APPLICATION FORM

NAME/COMPANY NAME: _____
TRADING AS: _____

DELIVERY ADDRESS: _____

INVOICE ADDRESS IF DIFFERENT
TO DELIVERY ADDRESS: _____

POSTCODE _____ POSTCODE _____

TEL NO: _____ TEL NO: _____
FAX NO: _____ FAX NO: _____
EMAIL: _____ EMAIL: _____

PLEASE INDICATE WHETHER YOUR COMPANY IS:

- A - LIMITED COMPANY _____
- B- PARTNERSHIP _____
- C- SOLE TRADER _____

COMPANY REGISTRATION NUMBER: _____
(IF LIMITED COMPANY)

CONTACT NAME FOR ACCOUNTS: _____
TEL NO FOR ACCOUNTS: _____
EMAIL ADDRESS FOR ACCOUNTS: _____

TRADE REFERENCES:

FIRST TRADE REFERENCE: _____

SECOND TRADE REFERENCE: _____

POST CODE _____ POSTCODE _____
TEL NO: _____ TEL NO: _____
FAX NO: _____ FAX NO: _____
EMAIL: _____ EMAIL: _____

NB Cash & Carry references are not acceptable

YOUR BANK DETAILS:

BANK NAME _____
BANK ADDRESS _____

ACCOUNT NO: _____
SORT CODE: _____
ACCOUNT NAME: _____

POSTCODE _____
TEL NO: _____

PLEASE INDICATE THE CREDIT LIMIT REQUIRED BY YOUR BUSINESS £ _____

DECLARATION BY CREDIT APPLICANT

We hereby request ABPAC Ltd to open a credit account.

DIRECTORS/PARTNERS DECLARATION:

I, being an authorised officer of this business, do agree that payment of all accounts will be received by you (our supplier) within your stated credit terms.

In addition to the above statement I hereby accept the trading terms and conditions of ABPAC Ltd for and on behalf of:-

COMPANY NAME: _____
COMPANY ADDRESS: _____
SIGNED: _____
NAME: (PLEASE PRINT) _____
POSITION: _____
DATE: _____

PLEASE REFER TO OUR TERMS & CONDITIONS AS DETAILED ON OUR WEBSITE
