

Proactive IT Support | IT Consultancy | Managed Print | Network & Security | Telephony | Cloud Computing | Disaster Recovery & Business Continuity

NEW CUSTOMER CREDIT ACCOUNT FORM		
Company Registered Name:		
Address Line 1:		
City:	County:	Post Code:
Telephone:	Fax:	
Website:		
Applicant Type: Sole Trader / Limited Company		Other:
Company Registration Number:	VAT Registration Number:	
Brief Description of Type of Business:		
Purchases Contact:	Purchases Contact Telephone:	Purchases Contact Email:
Accounts Contact:	Accounts Contact Telephone:	Accounts Contact Email:
PO Number required: Yes / No	Send invoices & statements to accounts contact: Yes / No	
Estimated Monthly Credit Required:		
Trade reference #1	Trade reference #2	Additional Comments/Information:
Name:	Name:	
Address:	Address:	
Post Code:	Post Code:	
Telephone:	Telephone:	

