



CREDIT ACCOUNT APPLICATION

****To be completed and sent back for the attention of credit control****

****Please enclose a sample of your headed paper****

Full Business Name: _____

Registered Office Address:

Invoice Address: (if different from above)

Telephone Number: _____

Fax Number: _____

Buyers Email Address: _____

Company Registration Number: _____

VAT Registration Number: _____

Business Activity: _____

Date Established: _____

Name of Main Contact: _____

Credit Requested: _____

Trade Reference 1

Name: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Trade Reference 2

Name: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Have you ever previously traded under any other name? (If yes, please give details)

Declaration: I / we declare that the details on this form are complete and accurate and undertake to notify Sitebox Ltd of any changes. I / we consent to Sitebox Ltd making any enquiries deemed necessary in connection with this application and that any credit facilities granted shall be at the sole discretion of Sitebox Ltd as to their nature, discretion and extent.

I confirm that I have read the terms and conditions and agree that they will apply to transactions relating to the purchase of goods and services from Sitebox Ltd.

Full Name: _____

Position: _____

Authorised Signatory: _____

Date: _____

Office Use Only. Approved.....Date.....