

Credit account application

Please supply a copy of your company letterhead with this application

Date of application:	Legal status: (please tick one)
Customer trading name:	☐ Sole trader ☐ Partnership
Registered company name:	☐ LLP ☐ Ltd company
Address:	☒ PLC
Town:	☐ Other (please specify)
Postcode:	Company reg No:
Tel no: Website:	VAT reg No:
Fax no: Email:	Monthly credit limit required (please tick one)
Nature of Business:	☐ £500 ☐ £1000
Name of contact:	☐ £2500
Date company formed: No of employees:	Amount required if over £2500 ☐
Length of time at current address:	

Are you a member of a larger group? Yes/No (Delete as appropriate) If yes, please state group:

Full names of directors/partners	Status / Position	Home address if sole trader or partnership
1)		
2)		
3)		

Accounts contact name:	Account contact no:
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Name of bank:	Branch name:
Address:	Bank account name:
	Account no:
Postcode:	Sort code

Please provide trade references from two established companies you have dealt with or deal with in recent times. Private & Non trade references are not acceptable including solicitors, accountants & landlords.

Trade reference 1	Trade reference 2
Company Name:	Company Name:
Address:	Address:
Postcode:	Postcode:
Contact name: Tel no:	Contact name: Tel no:
Fax no:	Fax no:
Email:	Email:

Declaration

I / We the understand that if Emcogroup Ltd decline this application they are not obliged to state the reason.

I / We hereby apply for a credit account with Emcogroup Ltd, and warrant that the information given by us is true and complete and that the account will be paid in accordance with your trading terms.

Full terms and conditions are available on request

Emcogroup Ltd reserve the right to close credit accounts if payment terms are not adhered to.

Signed:	Print name:	Position:	Date:
Authorized By:	Print name:	Position:	Date: