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CREDIT ACCOUNT APPLICATION FORM

Customer Name			
Customer Address			
		Postcode	
Telephone Number		Fax Number	
Email Address		Contact Name (Payments)	

Are you a Limited Company, Sole Trader, Partnership?

If a Limited Company, please give registration number and date of incorporation. If a Sole Trader or Partnership, please give names and addresses of proprietor or partner.

Customer Name			
Customer Address			
		Postcode	
Registration Number		Date of Incorporation	

Credit limit you require?

£

This should equal two full months' trading

Banker's Name			
Address			
		Postcode	
Account Number		Sort Code	

Please give two Trade References

Customer Name			
Customer Address			
		Postcode	
Telephone Number		Fax Number	

Customer Name			
Customer Address			
		Postcode	
Telephone Number		Fax Number	

How will you settle your account within 30 days from date of invoice?

BACS automatic transfer / Cheque within 30 days / Cash

I understand and accept the Credit Account Terms of Trading attached and agree to be bound by them and to keep this account if granted within the Credit Terms shown above.

Signed		Print Name	
Title		Date	

For office use only

Reference 1)		Reference 2)	
Date Application Received		First Cash Sale Number	
Credit Limit		Credit Control Approved	
Date account opened		Account Code	
Credit Account Terms			