

## CREDIT ACCOUNT APPLICATION

## PART 1

Company	
Address	

Telephone No.	
Fax No.	
Contact (Accounts)	
Contact (Buying)	
Email address	
Web address	

<b>DELIVERY ADDRESS</b> (If Different From Above)	
Address	

Contact (Delivery)	
Telephone No.	
Fax No.	
Email address	

<b>INVOICE ADDRESS</b> (If Different From Above)	
Address	

Contact (Invoice)	
Telephone No.	
Fax No.	
Email address	

<b>REGISTERED OFFICE</b> (If Different From Above)	
Address	

Registered No.	
VAT No.	
Trade	
Credit Limit Req.	
Trade Start Date.	

### STYLE OF ORGANISATION

Sole Proprietor

Limited Company

Partnership

PLC

<b>NAME &amp; ADDRESS OF PROPRIETORS, PARTNERS/DIRECTORS</b>	
Name	
Home Address	

<b>NAME &amp; ADDRESS OF PROPRIETORS, PARTNERS/DIRECTORS</b>	
Name	
Home Address	

TRADE REFERENCE NO.1	
Company	
Address	
Telephone No.	
Fax No.	

TRADE REFERENCE NO.2	
Company	
Address	
Telephone No.	
Fax No.	

BANK DETAILS Pt1	
Account Name	
Banker	
Branch	
Address	

BANK DETAILS Pt2	
Account Type	
Account No.	
Sort Code	

**DOCUMENT ATTACHED:**

Cancelled Cheque  Bank Statement  Bank Certificate

**TERMS & CONDITIONS**

Upon receipt of satisfactory references from the above, an account will be opened for you and our discount structure advised. Our settlement terms are strictly 30 days left. All transactions are subject to our Trading Terms & Conditions. Should any default occur, the Directors / Partners / Proprietors, as listed on this form, will become liable for full settlement of the account.

The client/customer shall fully & effectively indemnify Intalite UK against all costs & expenses which Intalite UK incurs in enforcing any of the terms & conditions of business contained herein including, without limit to the generality of the foregoing, the recovery of all monies due from the client whether by proceedings or other means to be assessed on a solicitor own clients basis.

**I / WE AGREE TO ABIDE BY THE TERMS OF TRADING AS LISTED ABOVE**

Guarantor Name .....  
 Position: .....  
 Signature: .....  
 Date: .....

Guarantor Name .....  
 Position: .....  
 Signature: .....  
 Date: .....

PLEASE RETURN TO
F.A.O Accounts <b>INTALITE UK</b> 148 - 154 Merton High St Wimbledon London SW19 1AZ

PLEASE NOTE
FAXED COPIES WILL NOT BE ACCEPTED. ORIGINAL COPY ONLY, TO BE RETURNED BY POST.

**FOR OFFICE USE ONLY**

Date Application Recorded		Credit Limit Requested	
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Account Code Allocated		Credit Limit Allocated	
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