

NEW CUSTOMER CREDIT APPLICATION FORM



Full Company Trading Name:

Limited/Partnership/Sole Trader (please circle one).

Company Registration No.

Full Address.

Managing Director's Name.

Reg Office:

Postcode:

Postcode:

Tel No.

Email:

Sole Trader or Partnership please complete the following: If a Limited Company, please supply a Director's name

Sole Trader/Partner No.1/Director

Partner No.2

Full Name.

Full Name.

Home Address.

Home Address.

Postcode:

Postcode:

Tel No.

Tel No.

Date Business Established.

Bank Reference.

Bank/BS

Type of Business.

Address.

Accounts Contact.

Postcode:

Email:

A/c:

Sort Code - -

Tel No. (if different)

Name of Account.

2nd Contact Name.

Trade Ref 1 (NOT Mobile Phone, Fuel Supplier or Plant Hire Co)

Trade Ref 2 (NOT Mobile Phone, Fuel Supplier or Plant Hire Co)

Name.

Name.

Address.

Address.

Postcode:

Postcode:

Tel No.

Tel No.

Email:

Email:

Please accept this form as my/our application for a credit account. Estimated monthly sales of £:

Signed



Director/Partner/Owner. I/We give my/our consent to a credit search being made on me/us as Owner/Partner or Director of this organisation both now & at any future dates. I/We understand this search will be recorded.

Accounts Office.

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Fax: 01926 450461

Email: accounts@redmaterials.co.uk

Sales Office.

Tel: 01926 679272

Email: compliance@redmaterials.co.uk

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