



CREDIT ACCOUNT APPLICATION FORM

COMPANY DETAILS

Full Company Name

Trade Name (If different)

Address

Postcode

Company Reg Number

VAT Reg Number

Limited Company

Partnership

Sole Trader

CONTACT DETAILS

Accounts	Purchasing
Name	Name
Job Title	Job Title
Phone	Phone
Email	Email
<input type="checkbox"/> Can you accept invoices via email?	

TRADE REFERENCES

Company	Company
Address	Address
.....
Contact	Contact
Job Title	Job Title
Phone	Phone
Email	Email

Nature of Business

Date Business Started

Credit Limit Required

Payment Terms are strictly 30 days from invoice date. This agreement supersedes any other credit agreement. AC One reserves the right to withdraw credit at any time without notice. Credit limits are at the discretion of AC One and will be constantly reviewed. By signing this form you are authorising AC One to undertake any credit searches required. By signing this form you are authorising AC One to undertake any credit searches required.

This form should only be signed by someone with the relevant authority within your organisation

Signed

Print Name

Job Title

Date

OFFICE USE ONLY	
Account Ref
Credit Limit
Authorised
Date