



APPLICATION FOR CREDIT ACCOUNT

Registered Name:

Company Registered No.

VAT No:

Registered Office:

Invoice Address (If different):

Tel:
Fax:
E-mail:

Tel:
Fax:
E-mail:

Person responsible for placing orders:
Person responsible for accounts:

Name of Parent Company (if applicable):
Name of any other group or associated companies:

Type of Company (Please Tick)

Private Limited

Public Limited Company

Partnership

Sole Trader

How long have you been in business?

Names of directors/partners (If partnership please enclose each persons address):

a)
b)

c)
d)

Continued.....

REFERENCES

Company Name:

Tel:

Fax:

Company Name:

Tel:

Fax:

BANK DETAILS

Name:

Address:

Sort Code:

Account No:

ANTICIPATED MONTHLY CREDIT REQUIREMENT - £

Signed:

Date:

Position in Company:

This application for a credit facility is made on the understanding that our terms and conditions are compiled with in full. Copies of these are available on request.

Account forms should be completed and returned with a copy of your letterhead, marked for the attention of Keith Newsome.

To assist us in our marketing strategy please advise how you have heard of Long Rake Spar:

This completed application form maybe emailed to sales@longrakespar.co.uk or faxed directly to our offices on the following number. If you have any queries please do not hesitate to contact us on

Fax: 01629 636247

Tel: 01629 630139.