

	APPLICA	TION FOR CR	EDIT ACCOU	INT			
Business Name			Registered Office				
Business Address			Address				
]				
			1				
Post Code							
Tel]				
Fax			Registration Number				
Email			VAT Number				
Type of Business		Accounts F	ayable Cont	act			
		Number					
		Email					
Amount of Credit		Contact Na	Contact Name of Purchaser				
Required Per Month		Number					
·		Email					
Please provide 2 tra	de references. These n	nust be regist	ered busine	sses. No per	sonal refere	ences.	
Name			Name				
Address			Address				
			1				
			1				
			1				
Tel			Tel				
Fax			Fax				
Email			Email				
Bank Account Detai	ls						
Name of Bank				Account Number Sort Code			
Address							
Contact							
Number							
Email							
Enclosure							
Company Headed Paper Signed		Signed			Date		
Office Use							
A/C Accepted By	A/C Accepted on	C Accepted on		Credit Limit		Account Number	

HTC Fastenings Ltd

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