



Application for credit account

Please complete the details below to apply for a credit account.

(You must to be a limited company to be eligible for a credit account)

<b>Business Name:</b>	<b>Limited Company Name:</b>
<b>Business/Delivery Address:</b>	<b>Registered Office Address:</b>
<b>Post Code:</b>	<b>Post Code:</b>
<b>Tel No:</b>	
<b>Fax No:</b>	<b>Company Registration No:</b>
<b>Email:</b>	<b>Years Established:</b>
<b>Contact - Accounts:</b>	
<b>Contact -Sales:</b>	<b>Directors Name(s):</b>
<b>Contact –Goods Inward:</b>	1.
<b>Invoice Address:</b>	2.
	3.
	WE MAY MAKE A SEARCH WITH A CREDIT REFERENCE AGENCY, WHICH WILL BE KEPT ON RECORD. WE MAY ALSO MAKE ENQUIRIES ABOUT THE PRINCIPAL DIRECTORS WITH A CREDIT REFERENCE AGENCY.
<b>Post Code:</b>	<b>Credit Limit Required: £</b>
<b>Monthly Statement Required Yes / No</b>	<b>Preferred Payment Method: BACS or Cheque</b>
<b>Trade Reference 1 – Company Name</b>	
<b>Contact Name:</b>	<b>Trade Reference 2 – Company Name</b>
<b>Tel No:</b>	<b>Contact Name:</b>
<b>Address:</b>	<b>Tel No:</b>
<b>Tel No:</b>	<b>Address:</b>
<b>Association of: Yr mths</b>	<b>Tel No:</b>
	<b>Association of: Yr mths</b>
<b>We / I wish to apply for a 30 day credit account (30 days from date of order)</b>	
<b>Signed:</b>	<b>Date:</b>
<b>Name:</b>	
<b>Position in Company</b>	

Please return this form with a copy of your letterhead to:

Post: Sisbro Safety Co [ 3 Shoreham Road ] Fourseasons House [ Martello Bay ] Clacton on Sea [ Essex ] CO15 1XL

Fax: 0870 286 6994 or Attach to Email: [sales@sisbrosafety.co.uk](mailto:sales@sisbrosafety.co.uk)

Tel: 01255 475644

For full Purchase Terms & Conditions please visit our website: [www.sisbrosafety.co.uk](http://www.sisbrosafety.co.uk)