



Unit 1 Enterprise Park
 Forge Lane
 Moorlands Ind.Estate
 Saltash, Cornwall
 PL12 6LX
 Tel: 01752 847555 Fax: 01752 845150
 eastcor.cox@btconnect.com

Credit Account Application Form

| | |
|--|----------------------|
| To be completed by ALL applicants please | |
| Full Trading Name: | |
| Trading Address: | |
| | |
| | |
| Postcode: | |
| Please Tick Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Trader <input type="checkbox"/> | |
| Accounts Contact Name: | Buyers Contact Name: |
| Accounts Tel.No: | Buyers Tel.No: |
| Accounts Fax No: | Buyers Fax No: |
| Accounts E-Mail: | Buyers E-Mail |
| Main Business Activity: | |
| Maximum Credit Required at any one time: £ | |
| Name and Address of 2 Trade References | |
| Ref 1: Name: | Tel: |
| Address: | Fax: |
| | |
| Ref 2: Name: | Tel: |
| Address: | Fax: |
| | |
| To be completed by Limited Companies Only | |
| Company Reg.Number: | |
| Registered Office Address: | |
| Full Names of Directors: | |
| To be completed by all other Applicants | |
| When was the company formed: | |
| Home Address: | |
| Full Name of Proprietor/Senior Partner: | |
| I/We apply for a credit account with Colin Cox t/a East Cornwall Trading subject to the payment terms and other conditions set out. | |
| Signed.....Print.....Date..... | |
| Terms of Trading as Specified on the reverse of this form. We advise that a copy of these terms are photocopied and kept by your company. | |

For completion by East Cornwall Trading staff only

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|------------|--|--------------|--|---------|--|
| Type | | Sales Person | | Area | |
| Acc.Ref No | | Notes | | Auth.By | |

*We may use a Credit Reference Agency to help assess new accounts