



APPLICATION FOR CREDIT ACCOUNT

Name of Applicant _____
 Address _____

 Post Code _____

Telephone No. _____
 Fax No. _____
 E Mail Address _____

Limited Company? YES / NO

Number of Years Trading _____

Company Registration No. _____

Names of Directors / Partners _____

Nature of Business _____

Full Invoicing address/telephone number if different from above

Please supply details of four Companies with which you hold a credit account & trade with on a regular basis. Please make sure you supply us with the contact details to allow us to process the application.

Forms without references will not be processed & we will need to contact you for these details. This may cause a delay in opening a credit account.

Company Name _____
 Address _____

 Fax No. / Email _____

Company Name _____
 Address _____

 Fax No. / Email _____

Company Name _____
 Address _____

 Fax No. / Email _____

Company Name _____
 Address _____

 Fax No. / Email _____

I / We agree to settle my account by the 30th of the month following invoice date and accept that unsettled accounts will be subject to interest charges. Notwithstanding any other condition of purchase, the title of goods will not change hands until payment has been made in full.

I / We acknowledge our receipt and acceptance of your Terms and Conditions of Sale.

Person responsible for paying account on time. _____

Signed _____

Please print name _____

on behalf of _____

Manager/Director/Proprietor/Partner

Date _____

Bank Details for BACS payments;
Barclays Bank PLC, 12 Old Market, Wisbech, Cambs, PE13 1NN
Account Number; 433 691 53, Sort Code; 20-37-63
Account in the name of 5 Star Cases Ltd.
When paying BACS please email remittance to lynn@5star-cases.com

