

CONFIDENTIAL APPLICATION FOR A CREDIT ACCOUNT

Credit Limit Required £

LIMITED COMPANY	OTHER BUSINESS
Co. Name:	Trading Name:
Registered Number:	Date Business Started:
Date Registered:	Business Address:
Registered Office Address:	
Trading Address if different:	Names and addresses of partners:
	1.
Trading Telephone Number:	
Company Secretary:	Telephone Number:
Directors:	2.
Name of Parent or Holding Co.:	Telephone Number:
	Type of Business:
Address for Invoice:	Address for Delivery:

(Please enclose a sample of your business letterhead)

PLEASE COMPLETE THE FOLLOWING	
Bank Name:	
Bank Address:	
Account Number:	Sort Code:
It is not our general policy to take out bank reference, but we do occasionally. In the event that we may do so could you please complete the authority form attached.	

We wish to open a credit account with your company and to support our application we have supplied the following trade references:

(1st Referee)		(2nd Referee)	
Name:		Name:	
Address:		Address:	
Telephone Number	Fax Number	Telephone Number	Fax Number

Please inform us when we may commence using credit facilities, which we confirm will be conducted in strict accordance with your standing terms and conditions of sale, of which we have a copy.

Signed:	Name (IN BLOCK CAPITALS):
Position:	Date:

Bank/Building Society Reference

To: _____ Bank

From: _____

Bank Sort Code: _____

Bank Account No: _____

Dear Sirs,

MANDATE TO GIVE BANK/BUILDING SOCIETY REFERENCES

Please accept this letter as authority for SILGO LUBRICANTS LTD, to take Bank References on our account(s) with you, at any time in the future, until I/we revoke this permission in writing.

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Please sign and return this form to:

Silgo Lubricants Ltd,
Units 20, 22 and 24 Juliet Way
Thurrock Commercial Centre
South Ockendon
Essex
RM15 4YG

To be completed by Silgo Lubricants Ltd

Amount outstanding at any one time £

Signature: