

CREDIT ACCOUNT APPLICATION

Full Company Name:.....

Invoice Address:.....

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Telephone No:..... Email Address:.....

Company Registration No..... Number of Years Trading:.....

Name of person dealing with account queries.....

Email Address.....

Name & Home Address of Proprietors.....

.....

Post Code..... Tel No.....

Bank.....

Account No..... Sort Code.....

Trade References:

1..... 2.....

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Telephone No..... Telephone No.....

Declaration

I/We the undersigned am/are authorised to request Credit Facilities for the above business account and confirm that the above information is correct and any changes will be notified in writing to Quickskip Hereford Ltd. I/We authorise Quickskip Hereford Ltd to seek the necessary financial references from bankers and companies named above. I/We request a credit account to be opened with Quickskip Hereford Ltd and I/we agree to abide by the payment terms of no later than the last day of the following month of the date of the invoice.

Signed..... Print Name..... Date.....