

G. C. SUPPLIES UK LTD

CREDIT ACCOUNT APPLICATION FORM

UNITS 13A, RELIANCE TRADING ESTATE, RELIANCE STREET, NEWTON HEATH,
MANCHESTER. M40 3AG

TEL: 0161 681 1842 / 681 8114

FAX: 0161 683 4571 / 947 0148

Company Name		
Invoicing Address		
Town	Postcode	
Telephone	Facsimile	
Contact	E-mail	
Company Registration Number	VAT No:	
Registered Office (if different from above)		
For business other than limited companies, please provide information regarding Partners / Proprietors :		
Full Name	Full Name	
Home Address	Home Address	
Payment preference BACS <input type="checkbox"/>		
CHEQUE <input type="checkbox"/>		
Bank Name		
Address		
Trade Ref. (1)	Tel:	Fax:
Trade Ref. (2)	Tel:	Fax:
Credit limit Required £ Agreed Payment Terms 30 Days from end of month.		
PLEASE NOTE IF THIS IS NOT FILLED IN NO ACCOUNT WILL BE OPENED.		
I, being an authorised officer of this business, agree that payment of all accounts will be made by us, to you (the Supplier) within your credit terms and that all materials are subject to your conditions of sales (copies available upon request). This signature of authorisation is confirmation of our acceptance of the aforesaid conditions and that we will be bound by them in any contract between us.		
Signed:	For and on behalf of:	
Print Name	Position	
Date		
PLEASE ATTACH A COPY OF YOUR LETTERHEAD PAPER.		
For Internal Use Only		
Account Number:	Authorised Credit Limit	