



Brunel Way
Durranhill Ind. Est.
Carlisle
Cumbria CA1 3NQ

Tel . 01228 515 955
Fax . 01288 512 044

FULL TRADING NAME: _____

ADDRESS: _____

POST CODE: _____

TEL NO: _____

FAX NO: _____

NAME OF OWNER: _____

ADDRESS OF OWNER:
(IF PARTNERSHIP, NAME AND HOME
ADDRESS OF EACH PARTNER) _____

POST CODE: _____

IF LIMITED COMPANY, REGISTERED
OFFICE ADDRESS: _____

REGISTERED NUMBER: _____

DATE OF INCORPORATION: _____

MONTHLY CREDIT REQUIRED: _____

REFERENCES
BANK NAME AND ADDRESS: _____

SORT CODE: _____

ACCOUNT NO: _____

FIRST TRADE REFERENCE

NAME:

ADDRESS:

SECOND TRADE REFERENCE

NAME:

ADDRESS:

DECLARATION BY APPLICANT: I/We request you to open a Credit Account and agree to adhere to your credit terms.

SIGNED:

POSITION:

DATE:
