

APPLICATION FOR CREDIT ACCOUNT WILLIAMS CASCO LIMITED

DETAILS OF APPLICANT: (Please complete all boxes)

Trading Name and Address of Account

Registered Name (if different) and Registered Office Address

Name	Name
Address	Address
Postcode	Postcode
Telephone Number.	Telephone Number.
Facsimile Number.	Facsimile Number.
Contact Name	Contact Name
Are you registered for VAT? Yes/No	
If Yes give number	

Bank Name and Address	Credit Required	
	Estimated Value of Annual Purchases	
	Method of Payment: (Cheque/BACS/Cash)	
	Normal Payment Period from Receipt of Invoice	days
	Please show method of purchase:	
	1) Purchases require your order number	
Name of Account	2) Purchase will be given verbally	
Account Number	3) If order is verbal will confirmation follow	
Sort Code - -	Buyer's Name	

Trade Reference (Supplier 1)	Trade Reference (Supplier 2)
Telephone No.	Telephone No.
Fax No.	Fax No.

Information about your company

1) Main activity

2) Type of organisation

3) Type of premises

4) Date of formation

5) Company Registration Number

Sole Prop/Partnership/Private Ltd. Co./Plc
Shop/Office/Factory/Warehouse etc..

DECLARATION BY APPLICANT

I/We hereby request you to open a credit account.

I, being the authorised signatory of this business, agree that payment of all accounts will be received by you (as the supplier) within your stated credit terms and acknowledge that our adherence to this obligation is the essence of the contract between

By Signing this agreement I agree to be bound by the terms and conditions outlined in the Crosbie Casco website www.crosbie-casco.co.uk

Full Name of Person Authorisation Application	Signature
Job Title of Signatory	Date of Application

N.B. Please return this form to

Ria Hill, Sales – Williams Casco, Partington, Urmston, Manchester. M31 4BT
Telephone Number: 0161 775 3025 Fax Number: 0161 777 9076