

# CREDIT ACCOUNT APPLICATION FORM FOR A NEW CUSTOMER



Registered Company Name			
Registered Company Address			
Company Registration no.		Vat Registration no.	
Telephone Number		Fax Number	
Sales Contact		Email Address	
Accounts Contact		Email Address	
Year Established			
(Please tick box)			
<p style="text-align: center;"> <input type="checkbox"/> Sole Trader             <input type="checkbox"/> Partnership             <input type="checkbox"/> Limited company or PLC         </p>			

Trading Name	
Trading Address (If different from above)	
Details of Directors:  1. Name Address	
2. Name Address	
3. Name Address	
Credit Limit Requested (Per Month)	

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The logo for Schiedel, consisting of the word "SCHIEDEL" in white capital letters on a yellow rectangular background.

## Bank Details

Bank Name			
Bank Address			
Account Number		Sort Code	

## Trade References

1. Company Name	
Address	
Contact	
Telephone Number	
2. Company Name	
Address	
Contact	
Telephone Number	

In consideration of you supplying goods and giving credit to the above, I do hereby agree to pay all money due within 30 days from date of invoice. The payment will be made by bank transfer directly into the supplier's bank account.

By signing this document, I agree that the payment terms above will override any subsequent purchase orders.

Signed:

Company Seal/Stamp:

Print Name:

Position:

Date:

**ALL INFORMATION ON THIS REQUEST WILL BE TREATED AS STRICTLY CONFIDENTIAL.**  
Please email this form to [SALES.UK@SCHIEDEL.COM](mailto:SALES.UK@SCHIEDEL.COM)