

CREDIT ACCOUNT APPLICATION FORM



Please return this completed form to:

Safety Industries (Oakwood) Ltd, Tonbridge Road, Harold Hill, Essex. RM3 8TS.

Tel: 01708 381499 | Fax: 01708 381267 | Email: sales@safetyindustries.com | Web: www.safetyindustries.com

PLEASE COMPLETE IN BLOCK CAPITALS AND BLACK INK

| YOUR BUSINESS DETAILS | | | |
|-------------------------------|--|---------------------------------|--|
| Registered Name: | | Parent Company: | |
| Company Tel No: | | Company Fax No: | |
| Registered Address: | | Company Email Address | |
| | | Company Registration No: | |
| | | Company VAT No: | |
| Trading Address : | | Invoice Address : | |
| Purchasing Contact : | | Accounts Contact: | |
| Purchasing Tel No: | | Account Tel No: | |
| Purchasing Contact Email: | | Accounts Contact Email: | |
| Receive email invoices Y/N | | Receive email statements Y/N | |
| Email address for Invoices | | Email address for Statements | |

| YOUR BANK DETAILS | | | |
|------------------------|--|-----------------|--|
| Bank Name and Address: | | Account Number: | |
| | | Sort Code: | |

| TRADE REFERENCES | |
|-------------------|-------------------|
| Trade Reference 1 | Trade Reference 2 |
| Company Name: | Company Name: |
| Address: | Address: |
| Telephone No. | Telephone No. |
| Fax No. | Fax No. |
| Contact Name: | Contact Name: |

| PLEASE READ & COMPLETE ALL SECTIONS OF THE APPLICATION BEFORE SIGNING THE SECTION BELOW | |
|---|----------------------|
| <p>I/We make this application to open a credit account with Safety Industries (Oakwood) Ltd. I/We understand that credit terms are that payment is due promptly at the end of the month following the date of invoice (unless otherwise agreed) and that if granted credit, I/We agree to pay in accordance with these terms.</p> <p>I/We acknowledge and accept the Safety Industries (Oakwood) Ltd Terms and Conditions of Sale.</p> <p>OUR TERMS ARE STRICTLY MONTHLY ACCOUNT (e.g. January invoices are payable by the end of February). WE WILL CLOSE ACCOUNTS WITHOUT NOTICE IF THESE TERMS ARE EXCEEDED – WE DO NOT OFFER EXTENDED CREDIT FACILITIES.</p> | |
| Initial credit limit required: | Date: |
| Signature of Officer of the Company: | Print Name: |
| | Position in Company: |

This must be signed by an officer of the company (e.g. Owner, Director, or Company Secretary)

| For Internal Use Only | |
|--------------------------|---------------------------|
| Amount of Credit Issued: | Account Number Issued: |
| Authorised By | Attached to Price List |
| Date Account Opened | Assigned to Sales Person: |