

TO BE COMPLETED IN BLOCK CAPITALS

COMPANY NAME AND/OR TRADING TITLE

TELEPHONE NO. (OFFICE)
+ CONTACT NAME

TELEPHONE NO. (ACCOUNTS)
+ CONTACT NAME

FAX NO.

COMPANY STATUS:
LIMITED COMPANY/SOLE TRADER/PARTNERSHIP

COMPANY REGISTRATION NO.

DATE OF INCORPORATION/ESTABLISHMENT

TRADING ADDRESS

POSTCODE:

ADDRESS FOR STATEMENTS/INVOICES

POSTCODE:

REGISTERED OFFICE (IF DIFFERENT FROM ABOVE)

PLEASE INDICATE OTHER BRANCHES IF ANY

BUSINESS PREMISES
FREEHOLD/LEASING/RENTED

BUSINESS EMAIL ADDRESS

NAMES OF DIRECTORS (LIMITED COMPANIES ONLY)

NAMES AND ADDRESSES OF PROPRIETORS/PARTNERS
(NON-LIMITED COMPANIES ONLY)

ARE THESE PREMISES FREEHOLD?

NAME AND ADDRESS OF BANK

Acc. No.

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 Tel No:

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 Sort Code

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**REFERENCES: YOUR BANK & TWO TRADE REFERENCES ARE REQUIRED
(NEW BUSINESSES - YOUR SOLICITORS & ACCOUNTANTS PLEASE)**

1. NAME AND ADDRESS OF TRADE REFERENCE

2. NAME AND ADDRESS OF TRADE REFERENCE

Current Monthly Net Glass Spend: _____

Current Supplier(s) _____

Monthly Credit Required: _____

**Note: Please read our Trading Terms and Conditions before signing this document. Signature confirms acceptance.
Please remember to enclose your completed Bank authority letter with this application.**

Applicants signature _____

Print Name _____

Position _____

Date _____

**NOTE:- IT IS IMPORTANT TO COMPLETE ALL LINES OF THIS APPLICATION TO AVOID DELAY IN PROCESSING.
THE COMPLETION OF THIS FORM DOES NOT IMPLY ACCEPTANCE OF YOUR APPLICATION FOR A TRADE ACCOUNT.
PLEASE BE AWARE THAT BY COMPLETING THIS FORM, YOU AGREE THAT WE MAY SEARCH THE FILES OF A LICENSED CREDIT REFERENCING AGENCY OR AGENCIES WHO WILL KEEP A RECORD OF OUR SEARCH TO CONFIRM YOUR PARTICULARS.**

HEAD OFFICE USE ONLY

A/C Approved _____

A/C Number _____

Credit Limit _____

Signature _____

Position _____

Date _____

COMMENTS _____

