

## Application to Open a Credit Account Reynolds and Law Stainless Ltd

### CONTACT INFORMATION

Person responsible for payment of account	
Name:	
Tel No:	Fax No:
E-Mail:	

### COMPANY INFORMATION

Company Name:	
Address:	Tel No:
	Fax No:
	E-Mail:
Post Code	
Date company established:	
Company Registration Number:	
Registered Address if different to above:	
Annual Turnover:	
Company VAT Number:	
Company EORI Number:	
Trading Type	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Ltd Company <input type="checkbox"/> Other

### BANK DETAILS

Name:	
Address:	
Sort Code:	Account Number:
Time with bank:	

### CREDIT

Request Credit Limit
£
Expected Spend
£

### LEGAL

Is your company subject to any litigation ?
YES      If yes, please explain below.
NO
Type of Litigation :

<b>BUSINESS/TRADE REFERENCES</b>	
Please give two current trade referees	
1. Company Name:	
Address:	
Post Code:	
Tel No:	
Fax:	
E-Mail:	
Contact Name:	
2. Company Name:	
Address:	
Post Code:	
Tel No:	
Fax:	
E-Mail:	
Contact Name:	

<b>AGREEMENT</b>	
1. All invoices are to be paid within <b>30 days</b> after the end of the month of the invoice date.	
2. Claim arising from invoices must be made within seven working days	
3. Orders are placed subject to our terms and condtions which are enclosed and also available on our website <a href="http://www.reynoldsandlaw.co.uk">www.reynoldsandlaw.co.uk</a>	
<b>RETENTION OF TITLE</b>	
All goods remain the property of Reynolds and Law Stainless Ltd until payment is received in full	
<p><b>I declare the above information is true, correct and complete and that I am authorised to open a credit account by my company.</b></p> <p><b>I agree to a full credit investigation via the trade and bank references supplied as well as the use of any credit reports as supporting evidence.</b></p> <p>I have read and agree to the terms and condtions attached with this application</p>	
<b>Applicant -Duly Authorised Signatory</b>	
Signed:	Date:
Name:	Position

<b>INTERNAL ACCOUNTS USE ONLY Director/Authorised Signatory sign off</b>	
Details Checked and Correct Y/N	
Amendment to Payment Terms : Y/N	
Terms:	
Added to SAGE and ERP Y/N	
Signed:	Date:
Name:	Position