



Credit Account Application Form

For office use only

Date received:

Branch:

Acc No:

PLEASE COMPLETE ALL RELEVANT SECTIONS

FULL COMPANY TRADING NAME

COMPANY REGISTRATION NO.

COMPANY TRADING ADDRESS

PARTNERS FULL NAMES & PRIVATE ADDRESSES

<input type="text"/>	<input type="text"/>
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COMPANY TELEPHONE NUMBER

COMPANY EMAIL ADDRESS

SOLE TRADER FULL NAME

SOLE TRADER PRIVATE ADDRESS

DATE TRADING COMMENCED

COMPANY VAT NUMBER

COMPANY TELEPHONE NUMBER

COMPANY EMAIL ADDRESS

PLEASE PROVIDE TWO TRADE REFERENCES

REFERENCE ONE

REFERENCE TWO

COMPANY NAME

CONTACT NAME

EMAIL

PHONE NUMBER

ADDRESS

PRINICIPAL/DIRECTORS FULL NAMES

CREDIT LIMIT REQUEST

We will make a search with a credit reference agency which will keep a record of that search and will share that information with other businesses. We may also make enquiries about the principal directors with a credit agency.

I confirm that I have received a copy of terms of trading and I agree that all business conducted between companies will be subject to those terms

SIGNATURE OF APPLICANT

PRINTED

DATE

Would you like to receive marketing emails from TF Solutions (this is how we inform customers of current promotion information)

As part of GDPR regulations we need your consent to send you marketing information. You can change your mind at any time by clicking unsubscribe in the footer of any marketing email you receive from us. We will treat your information with respect. By signing below you agree that we may process your information in accordance with GDPR regulations.

NAME

DATE

ALL BOXES MUST BE COMPLETED

PLEASE RETURN TO: sales@tfsolutions.co.uk