

## CREDIT ACCOUNT APPLICATION FORM

**FULL TRADING NAME:**.....

**BUSINESS TYPE**      Limited Company       Partnership       Sole Trader

TRADING ADDRESS:.....  
 .....  
 POSTCODE:.....  
 TELEPHONE NUMBER:.....  
 EMAIL ADDRESS:.....

MANAGING DIRECTOR:.....  
 COMPANY REGISTRATION NUMBER:.....  
 DATE OF INCORPORATION:.....  
 TYPE OF BUSINESS:.....  
 WEBSITE ADDRESS:.....

**PARTNER/DIRECTOR 1:**

FULL NAME:.....  
 HOME ADDRESS:.....  
 .....  
 POSTCODE:.....  
 TELEPHONE NUMBER:.....  
 DATE OF BIRTH.....

**PARTNER/DIRECTOR 2:**

FULL NAME:.....  
 HOME ADDRESS:.....  
 .....  
 POSTCODE:.....  
 TELEPHONE NUMBER:.....  
 DATE OF BIRTH.....

**CONTACTS:**

ACCOUNTS:..... TEL:..... EMAIL: .....

PURCHASING:..... TEL:..... EMAIL: .....

**CREDIT REFERENCE 1:**

COMPANY:.....  
 TELEPHONE NUMBER:.....

**CREDIT REFERENCE 2:**

COMPANY:.....  
 TELEPHONE NUMBER:.....

BANK NAME:.....  
 ACCOUNT NUMBER:.....  
 SORT CODE:.....

MONTHLY CREDIT REQUIRED: £.....

CASH ACCOUNT

I HEREBY AGREE THAT THE ABOVE INFORMATION IS ACCURATE AND I/WE ACCEPT THE SCP BUILDING PRODUCTS LTD TERMS OF TRADING AND CONDITIONS OF SALE

AUTHORIZED SIGNATORY:.....      PRINT NAME:.....  
 POSITION IN COMPANY:.....      DATE:.....

**OFFICE USE ONLY**

AUTHORIZED BY:.....      DATE:.....  
 SALES AREA.....      REP:.....