

## CREDIT ACCOUNT APPLICATION

### FULL TRADING TITLE

(Please Attach Official Letterheading)

#### INVOICE ADDRESS

#### DELIVERY ADDRESS (If different)

Address:

Address:

Town:

Town:

County:

County:

Postcode:

Postcode:

Tel:

Fax:

Tel:

Fax:

Accounts Payable Contact:

Buyer:

Accounts Tel. No.:

Date Trading Commenced:

Accounts E-mail:

Nature of Business:

Monthly Est. Order Value: £

No. of Employees:

Amount of Credit Required: £

Name Co. Directors:

### TRADE REFERENCES

(1) NAME:

(2) NAME:

Address:

Address:

Town:

Town:

County:

County:

Postcode:

Postcode:

Tel:

Fax:

Tel:

Fax:

#### BANK DETAILS

#### REGISTERED OFFICE

Bank Name:

Address:

Address:

Sort Code: / /

Registration No.:

Account No:

TICK THIS BOX IF YOU DO NOT WISH APOLLO CHEMICALS TO REQUEST A BANK REFERENCE:

**WE APPLY FOR A CREDIT ACCOUNT WITH APOLLO CHEMICALS LIMITED SUBJECT TO THE CONDITIONS OF SALE OVERLEAF AND AGREE TO SETTLE ALL INVOICES BY THE 28TH OF THE MONTH FOLLOWING THE DATE OF INVOICE. LATE PAYMENT OF INVOICES MAY INCUR AGENCY RECOVERY COSTS.**

NAME OF AUTHORISED SIGNATORY: \_\_\_\_\_ (PLEASE PRINT)

SIGNED: \_\_\_\_\_

POSITION IN COMPANY: \_\_\_\_\_

DATE: \_\_\_\_\_

### HEAD OF OFFICE

DATE REFERENCES SENT:-

FAX/POST

FOLLOW UP:-

REPLIES RECEIVED: REF (1): { } REF (2): { }

AUTHORISED BY: -

DATE ISSUED:-

D & B REPORT ENCL. YES / NO

D & B RATING:-

D & B RECOMMENDED CREDIT LIMIT:- £

D-U-N-S No:-

BANK REFERENCE REQUESTED: YES / NO

SALES REPRESENTATIVE:-

CREDIT LIMIT:-

ACCOUNT NO:-