



# CREDIT ACCOUNT APPLICATION FORM

FOR A MAXIMUM OF 30 DAYS FROM DATE OF INVOICE

This form should be completed fully - only original application forms are acceptable  
YOUR DETAILS:

CUSTOMER NAME(FULL)		INVOICING ADDRESS (IF DIFFERENT)	
ADDRESS		ADDRESS	
POSTCODE		POSTCODE	
TEL. No		TEL. No	
FAX. No		FAX. No	
WEBSITE		E-MAIL	
CONTACT			
E-MAIL			
DATE COMMENCED TRADING:		ANNUAL TURNOVER:	

<b>Registered Office:</b>		<b>Business Details:</b>	
ADDRESS		TYPE OF BUSINESS:	
POSTCODE		VAT No.	
TEL. No			
EMAIL		REGISTERED No.	

For Companies who are NOT a limited company, please complete the below giving details of each member

NAME		NAME	
ADDRESS		ADDRESS	
POSTCODE		POSTCODE	
TEL. No		TEL. No	
EMAIL		EMAIL	

State whether you are a sole trader/partnership  Are you a member of a buying group?  If so, which group?

REFERENCES - All references must be at least one year old & not contra, fuel, gas or garage accounts

	TRADE REFERENCE	TRADE REFERENCE	BANK DETAILS
NAME			
ADDRESS			
POSTCODE			SORT CODE
TEL. No			
EMAIL			ACCOUNT No.
CONTACT			

A SAMPLE OF YOUR LETTERHEAD MUST BE RETURNED WITH THIS FORM

We request that credit facilities be arranged for us with Astute Lighting Limited. We have read, understood & agree to the TERMS & CONDITIONS of the application

STANDARD PAYMENT TERMS: payment is due within 30 days from invoice date, if payment is not received within 60 days, a levy of 5% interest will be charged on the outstanding amount due

SIGNED BY AUTHORISED COMPANY SIGNATORY:		NAME OF AUTHORISED SIGNATORY (CAPITALS):	
DATE OF SIGNATURE:		AMOUNT OF CREDIT REQUESTED:	

<b>SALES DEPARTMENT USE ONLY</b>			
SALESPERSON SIGNATURE		AUTHORISED BY	
ACCOUNT MANAGER		ACCOUNT No.	
EMAIL			
DIRECT LINE		DATE	

<b>ACCOUNT DEPARTMENT USE ONLY</b>			
AUTHORISED BY		TAX CODE	
		APPROVED CREDIT LIMIT	£ /MONTH