

JADE TYRES LLP CREDIT APPLICATION FORM

JADE TYRE LLP Tel: 01908 263635 Fax: 01908 511919
Please complete this form in block capitals.

NAME _____
COMPANY REGISTRATION NO: _____
NATURE OF BUSINESS _____
YEARS OF TRADING _____
REGISTERED OFFICE ADDRESS _____ ADDRESS OF BUSINESS PREMISES _____

POSTCODE: _____ POSTCODE: _____
TEL NO: _____ TEL NO: _____
FAX NO: _____ FAX NO: _____

NAME & ADDRESS OF PRINCIPALS/DIRECTORS

ACCOUNTS ADDRESS FOR INVOICE IF DIFFERENT FROM ABOVE

POSTCODE: _____ TEL NO: _____ FAX NO: _____

TRADE REFERENCE

(1) COMPANY NAME: _____
ADDRESS _____

TEL NO: _____ FAX NO: _____

(2) COMPANY NAME: _____
ADDRESS _____

TEL NO: _____ FAX NO: _____

BANK _____
BRANCH ADDRESS _____
ACCOUNT NO: _____ SORT CODE: _____

I/WE HEREBY APPLY FOR CREDIT ACCOUNT FACILITIES AND AGREE TO ADHERE TO THE COMPANY'S TERMS AND CONDITIONS OF PAYMENT (ie) BY THE 20TH OF THE MONTH FOLLOWING THAT IN WHICH THE GOODS OR SERVICES ARE SUPPLIED.

DATE: _____ SIGNED: _____ CAPACITY _____