



APPLICATION TO OPEN A CREDIT ACCOUNT

Section A – To be completed by all applicants

Full Name/Business Title

Trading Name

Sales Contact

Payment Contact

A Partnership A Sole Trader Other

Telephone No.

Fax No.

Business type

Address:

.....

.....

..... Post Code:

Please insert a cross in the relevant box if the trading address above is also the:

- Registered Office Address
 Proprietors Home Address
 Invoice Address
 Statement Address

Trading Address

Address:

.....

.....

..... Post Code:

Branch Sort Code:

Account No:

Bank Details

£

Credit Limit Required

Number of Years Trading

Section B – to be completed for applicants on behalf of Limited Companies only.

Company Registration Number

The Company is a wholly or partly owned subsidiary of

Address:

.....

.....

..... Post Code:

Registered Office Address if different from Section A

Have you attached a copy of the latest Company Accounts?

YES NO

Have you attached a sheet of your business stationery?

YES NO

Section C – to be completed by all applicants.

Please list at least one company who is currently supplying goods and materials on a credit basis to the value of the credit limit required

Application Statement must be completed by all applicants

I confirm that information given above is accurate and that I/we are able to fulfil my/our obligations under this contract with Vista Tiling Ltd. I authorise Vista Tiling to take up bank or trade references now or in the future. I have received and read a copy of the Vista Tiling's Terms & Conditions of Sale and agree to trade on those terms. In particular I/we agree to pay all bills in full within 30 days following the month of supply.

Print Name

Position

Signature

Date

For internal use only

Issued by: Class: Account No:

Credit Limit: Date account opened:/...../..... Next credit review:/...../.....

Send your application to:

Account Applications
Vista Tiling Ltd
32 Lennox Road
London
E17 8NT

Need help filling this form? Call us on 0800 7569 699.