

CHADWICK TEXTILES CREDIT APPLICATION

COMPANY INFORMATION

FULL COMPANY NAME (For Invoice Purposes):

HAVE YOU BEEN OR ARE YOU ASSOCIATED WITH ANY OTHER COMPANY NAME / BRANDS: YES / NO
IF YES PLEASE PROVIDE DETAILS:

LTD COMPANY: YES / NO

COMPANY REG #:

VAT REG#:

REGISTERED ADDRESS:

TOWN:

COUNTY:

COUNTRY:

POST CODE:

TELEPHONE:

FAX:

BILLING/DELIVERY ADDRESS:

TOWN:

COUNTY:

COUNTRY:

POST CODE:

TELEPHONE:

FAX:

TYPE OF BUSINESS:

APPROX NUMBER OF STAFF:

APPROX ANUAL T/O:

PERIOD ESTABLISHED YRS/MTHS:

BANK INFORMATION

BANK NAME:

ACCOUNT NAME:

ADDRESS:

CURRENCY:

ACCOUNT:

SORT CODE:

MONTHLY CREDIT LIMIT REQUIRED:

ACCOUNT OPENED:

SALES CONTACT INFORMATION

CONTACT NAME:

POSITION:

TELEPHONE:

FAX:

EMAIL:

WEB ADDRESS:

ACCOUNTS CONTACT INFORMATION

CONTACT NAME:

POSITION:

TELEPHONE:

FAX:

EMAIL:

TRADE REFERENCES

COMPANY:

CONTACT:

POSITION:

TELEPHONE:

EMAIL:

COMPANY:

CONTACT:

POSITION:

TELEPHONE:

EMAIL:

PLEASE TICK THE BOX IF YOU ARE HAPPY TO RECEIVE YOUR INVOICES AND STATEMENTS BY EMAIL. THEY WILL BE SENT TO THE ACCOUNTS EMAIL ADDRESS ABOVE

SIGNATURE

I/We confirm that the information given is correct and that we are in receipt of the general "Terms and Conditions of Sale" Chadwick Textiles Ltd.

Signed for and on Behalf of (AUTHORISED Signatory Only): _____

Print Name: _____

Position: _____

Date: _____

TELEPHONE NUMBER: 0161 927 2565
WEBSITE: www.chadwicktextiles.co.uk

PAYMENT TERMS: 30 DAYS FROM DATE OF INVOICE