

Blackburn Skips Ltd

CREDIT ACCOUNT APPLICATION FORM

SECTION 1: COMPANY DETAILS Sole Trader Partnership Limited Other Trading Since (Date): Trading Name: Registered Address: Post Code: Tel. No: **Purchasing Contact Name:** Contact Number: Contact Email: Invoice and Statement Address (if different from above): Post Code: Tel. No: Account Payable Contact Name: Contact Email: Annual Turnover (£): Number of Staff: Anticipated Purchases Per Month (£) Company Reg. Number: VAT Reg. No: Directors Full Name: Directors Full Name: Address: Address: Contact No: Contact No: **SECTION 2: BANK DETAILS** Bankers Name and Address: Post Code: Account Number: Sort Code: **SECTION 3: TRADE REFERENCES Trade Reference 1** – Company Name: Address: Post Code: Tel. No.: Accounts Email Address: **Trade Reference 2** – Company Name: Address: Post Code: Tel. No.: Accounts Email Address:

SECTION 4: AGREEMENT

- 1. All invoices are to be paid within 30 days from date of invoice.
- 2. Claims arising from invoices must be made within 7 working days.
- 3. By submitting this application, you authorise Blackburn Skips Ltd to make enquiries into the banking and business/trade references that you have supplied.
- 4. Credit checks will also be made with Creditsafe and will continue on a quarterly basis while the account is still active.
- 5. Invoices will be supplied via email, unless you advise otherwise.
- 6. Initial credit limit is £1,000, unless otherwise agreed.

SIGNATURES (IF PARTNERSHIP, 2 SIGNATURES ARE REQUIRED)					
Name:		Name:			
Position:		Position:			
Date:		Date:			
Do you use order numbers?	YES NO				
Please return this completed form, with a copy of your letter headed paper to:					
accounts@blackburnskips.co.uk					
For completion by Blackbu					
*	ank 🗆	Trade Ref. No.1		Trade Ref. No.2	
Creditsafe Check					
Account ref. given:	Phil Advised:		Custom	er Advised	
Notes:	Tilli Advisca.		Custom	ici Advisca 🗀	

Company Registration Number: 8831992 VAT REG No GB 173 597 471