

CREDIT APPLICATION FORM

Please complete in full and return to: accounts@resilientgroup.co.uk

Registered Name:

Trading Name (if different):

Address: Inv:- Phone:
 Fax:

Registered Office: Co. Reg.No:
 Vat No:

Parent Co.'s Name And Address:

Director's Names (If a Limited Co.)	1 4	2 5	3 6
--	--------	--------	--------

Sole Trader/Partners' Names and addresses (If not a Limited Co.)	Name:	Name:	Name:
	Address:	Address:	Address:
	Post Code:	Post Code:	Post Code:

No. of Yrs Trading: **Email Invoices & Statements** YES / NO TO:

Name & Address of Bank:

Monthly Credit Required £

Accounts Department Contact:

CONDITIONS OF SALE

We have read, understood and retained a copy of your conditions of sale (including the retention of title clause) and agree to trade in accordance with these for any goods supplied.

PAYMENT

I/We also agree to comply with your settlement terms (specified in the conditions of sale)

Signed Company Date

Print..... Position

Sole Trader/ Partner / Partner Limited by Liability /Director /Other (delete as applicable)