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APPLICATION FOR CREDIT ACCOUNT

COMPANY NAME:.....

COMPANY ADDRESS:.....

TRADING NAME:.....

PHONE:..... EMAIL:.....

MAXIMUM AMOUNT OF CREDIT REQUIRED:.....

NAME OF BANK AND ADDRESS IN FULL:.....

DATE COMPANT FORMATION:.....

COMPANY REGISTRATION NUMBER:.....

VAT REGISTRATION NUMBER:.....

1ST TRADE REFERENCE

NAME:.....

ADDRESS.....

PHONE:..... EMAIL.....

2ND TRADE REFERENCE

NAME:.....

ADDRESS.....

PHONE:..... EMAIL.....

ACCOUNTS CONTACT:.....

WE WOULD LIKE TO SUBMIT A CREDIT APPLICATION, WE NOTE YOUR CREDIT TERMS AS SET OUT IN YOUR STANDARD CONDITIONS OF SALE AND AGREE TO PAY IN ACCORDANCE THEREWITH FOR ANY GOOD/SERVICE SUPPLIED BY YOU (ALL ACCOUNTS ARE STRICTLY PAYABLE 30 DAYS AFTER INVOICE DATE).

NAME..... POSITION IN COMPANY.....

SIGNED..... DATE.....