

**APPLICATION FOR A CREDIT ACCOUNT FACILITY**  
**JANITORIAL DIRECT LIMITED**



Trading Title

Postal Address  Deliv. Address   
*(if different to postal)*

Trading Basis  Public LTD Co / Private LTD Co / Partnership / Sole Trader

Registered Office Address *(if different from above)*  Telephone No.   
 Fax No.   
 Company Reg. No.   
 VAT Reg. No.

If company is a "Partnership" or "Sole Trader please give full names and home address(es) of proprietors/partner(s)

Name Address  Name Address

Sales Contact  Contact Number

Sales Email

Purchase Ledger  Contact Number

Contact

P/L Email

We prefer to send all invoices/statements by email. Are you happy for us to send documents in this manner? **YES / NO**

Email for inv/stmts

Type of Business

Credit Limit Required £  Payment Method  BACS / CHEQUE / CREDIT OR DEBIT CARD

In order for us to process your application, we must be provided with two companies that you currently trade with on a credit account basis

Trade Reference 1.  Trade Reference 2.   
*(Company name, Accounts contact, Full address, Fax & Telephone Numbers)*

I/we wish to apply for credit facilities and undertake to settle invoices 30 days from document date.  
 I/we have received your terms and conditions.  
 I/we have enclosed our letterhead.

Signed *(Must be a director/proprietor)*  Print Name

Position  Date

**For Official Use Only**

Account Number  References Sent Off

Application appvd by  Date Approved