

SPECIALIST GLASS PRODUCTS LTD.

CREDIT ACCOUNT APPLICATION

Full Trading Title (*please attach letterhead*)

Ltd., Co., Reg., No.

Business Address

Home Address (*if partnership or sole trader*)

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.....

Post Code

Post Code

Tel & Fax

Tel & Fax

Main Contact email address

Accounts email address

Business Classification ()

Company Directors, Partners, Associated Companies, Holding Companies etc.

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.....

Business Activities ()

BAC: - Sort code / / Account no _____

Bankers' name and address

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Trade Reference 1 – Please include contact name & telephone number

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Trade Reference 2 – Please include contact name & telephone number

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Anticipated Amount of Credit Required £ _____

I hereby acknowledge receipt and acceptance of the Terms & Conditions as well as the Inspection Guidelines of Visual Defects in Double Glazed Units of Specialist Glass Products Limited. Available upon request.

Signed

Name

Position

Date



defying convention

Unit 2][Milnsbridge Business Centre][Colne Vale Road][Milnsbridge][Huddersfield][HD3 4NY

T : 01484 647744][F : 01484 647755][info@specialistglass.co.uk][www.specialistglass.co.uk

VAT reg no. 809 0618 33][Registered in England no. 4632413