

# SPECIALIST GLASS PRODUCTS LTD.

## CREDIT ACCOUNT APPLICATION

Company Name (Full trading title) .....

*\*Please attach letterhead*

Company Registration Number: .....

Business Address

Home Address (if partnership or sole trader)

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.....  
.....  
.....

Post Code .....

Post Code .....

Tel: .....

Tel: .....

Fax: .....

Fax: .....

Email: .....

Accounts email address .....

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 Specialist Glass Products Ltd Terms & Conditions as well as the tolerance guidelines for glass inspection. Copies available on request.

I give consent for Specialist Glass Products Ltd to keep my company information on file and use this for future business transactions and for further sales purposes.

Signed .....

Print .....

Position .....

Date .....



defying convention