



APPLICATION FOR CREDIT ACCOUNT

COMPANY DETAILS				
Company Name:				
Registration No:				
VAT No:				
Trading Style:	LTD ☐	PLC ☐	Partnership ☐	Sole Trader ☐

**** Please enclose a copy of your current letterhead with this application ****

If Sole Trader or Partnership, please provide full name and address of all proprietors on a separate sheet of paper

Annual Turnover:	£	No. of Employees:	
Anticipated Monthly Spend:	£	Company Website:	
FPS Contact Name:		Date Established:	

TRADING ADDRESS:		ACCOUNTS ADDRESS IF DIFFERENT:	
Town:		Town:	
Post Code:		Post Code:	
Tel:		Tel:	
Fax:		Fax:	

CONTACTS	NAME	TEL NO.	EMAIL	INV.	STAT.
Purchase Ledger				☐	☐
Head of Finance				☐	☐
Buyer				☐	☐
Other Contact				☐	☐

Please tick boxes above if you would like to receive sales invoices/statements by email

BANK DETAILS			
Bank Name:		Town:	
Account Number:		Sort Code:	

TRADE REFERENCES			
Company Name:		Company Name:	
Address:		Address:	
Post Code:		Post Code:	
Tel No:		Tel No:	
Contact Name:		Contact Name:	

In processing your application for credit facilities, we may make enquiries of credit reference agencies and other third parties, who may record those enquiries. We may also disclose information about your account to credit reference agencies and other third parties. The information obtained from or provided to credit reference agencies or other third parties may be used when assessing further applications for credit terms, for debt collection, for tracing and for fraud prevention. In the event that my/our application is successful I/we hereby undertake to provide a signed Purchase Order before dispatch of all goods or services, and abide by the terms of settlement, which are strictly 30 days from date of invoice. Conditions of contract are available upon request.

Signed:		Name:	
Position:		Date:	

If you do not adhere to our terms of trade, details of your payment terms may be passed to a licensed credit reference agency.

Please return this form to Info@floatingpontonsolutions.co.uk



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