

CREDIT ACCOUNT APPLICATION

Trading Name _____

Name of Proprietor _____

Contact Name _____

Address _____

Tel _____ Fax _____

Accounts office address (if different from above) _____

Registered Office Address (if different from above) _____

Number of locations/premises _____

Sole Proprietor Partnership Private Limited Company PLC
(Please tick)

Company registration no. _____ VAT registration no. _____

Bankers/Name & Address _____

_____ Postcode _____

Terms. 28 days maximum credit from date of invoice. Late payments will be charged interest. All goods remain the property of Dreamcatcher Trading Post until fully paid for.

Name of Account _____

Account no _____ Sort code _____

In the following section could you please provide the names and addresses of two trade references with whom you have had considerable contact with over a period of time. (Please include Tel/Fax numbers)

_____	_____
_____	_____
_____	_____
_____	_____

Declaration.

I/We confirm that the above information is correct. I/We agree to abide by your Terms and Conditions of Business, of which I/We have read and understood.

For _____ (Name of Business)

Name _____
(Status e.g. Proprietor, Partner, Director)

Signature _____ Date _____

Please return by mail