Please complete sections 1 to 3 and sign the declaration on page 2

# For Limited Companies and Plc’s the declaration must be signed by a Director or an Authorised Person Section 1

|  |  |
| --- | --- |
| Full Trading Name: | Limited/Partnership/Sole Trader (Please circle one) |
| Trading Style: | Telephone number: |
| Full Trading Address: | Fax number: |
| Email address: |
| Website: |
| Parent company: | Approx annual turnover: |
| Group: | Number of employees |

**Section 2**

|  |  |
| --- | --- |
| Credit limit applied for: | Business Start Date: |
| Invoice Address (If different from above) | Accounts dept. Contact name |
| Accounts dept. Telephone number |
| Registered office address (if applicable) | Registration number: |
| VAT reg. Number |
| Bank name and address: | Bank account: |
| Bank sort code: |
| Bank telephone number: |

Do you wish to receive invoices electronically Y/N Please print email address if yes:

Do you wish to receive statements electronically Y/N Please print email address if yes:

Page 1 of 2

|  |  |
| --- | --- |
| **Trade Reference 1** |  |
| Company name: | Telephone number: |
| Address: | Fax number: |
| Contact: |
| Post Code: |  |

|  |  |
| --- | --- |
| **Trade Reference 2** |  |
| Company name: | Telephone number: |
| Address: | Fax number: |
| Contact: |
| Post Code: |  |

# Section 3

|  |  |
| --- | --- |
| Proprietor/Partner/Director name: | Proprietor/Partner/Director name: |
| Home address: | Home address: |
| Proprietor/Partner/Director name: | Proprietor/Partner/Director name: |
| Home address: | Home address: |

**Please continue on a separate page to ensure that all Directors/Partners are included**

I confirm that we, the above named, are applying for a credit account, and will adhere to the settlement terms of 30 days end of month of invoice and the standard terms and conditions of Arbil Ltd. I consent to a credit search being carried out on this organisation and its Owners and/or Directors both now and at any time in the future. I understand that this search will be recorded by the Agency and may be disclosed to the subsequent enquirers.

Signed Position Print Name Date

# Please submit a company letterhead along with his application Page 2 0f 2