

Credit account application

Trading name of company:	Company registration number:	
Address for accounts: 1: 2: 3: (Post town) 4: (County) Postcode: Contact (Accounts): Contact (Purchasing): Tel: Fax:	Address for delivery: 1: 2: 3: (Post town) 4: (County) Postcode: Contact: Tel: Fax:	Del rep <input type="checkbox"/>

Please sign below to authorise this application and indicate your acceptance of our credit terms which are **NETT MONTHLY**

Signature:	Position:
Name:	Date:

Trade reference 1: Address: Contact: Tel: Fax:	Trade reference 2: Address: Contact: Tel: Fax:	Trade reference 3: Address: Contact: Tel: Fax:
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Office use only:

ICC C/L:	ICC Risk score:	ICC CCJ:	ICC Cont.:
Apprvd:	C/L:	Date:	Ind <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
R <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> * <input type="checkbox"/> Acc <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Z <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Comp <input type="checkbox"/> Rep <input type="checkbox"/> Cust <input type="checkbox"/> By: <input type="text"/>	Date: <input type="text"/>		

Diary/notes

H Varley Limited

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also at: Bellshill, Birmingham, Watford.