

Reeley Ltd - Credit Account Application Form

Trading Name	<input type="text"/>	Telephone N°	<input type="text"/>
Type of Business	<input type="text"/>	Facsimile N°	<input type="text"/>
Full Address	<input type="text"/>	Limited Company	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<input type="text"/>	Company Reg. N°	<input type="text"/>
Post Code	<input type="text"/>	Date Established	<input type="text"/>

Full Name and Home Address of Owner/Partners		(Please complete if not a Limited Company)	
Name	<input type="text"/>	Name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Post Code	<input type="text"/>	Post Code	<input type="text"/>

Trade References			
Name	<input type="text"/>	Name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Post Code	<input type="text"/>	Post Code	<input type="text"/>
Telephone N°	<input type="text"/>	Telephone N°	<input type="text"/>

Bank Reference			
Name	<input type="text"/>	Account N°	<input type="text"/>
Address	<input type="text"/>	Sort Code	<input type="text"/>
	<input type="text"/>		
Post Code	<input type="text"/>		

Our Terms of Payment are Net 30

Print Name	<input type="text"/>	Signed	<input type="text"/>
Position	<input type="text"/>	Date	<input type="text"/>
I/We apply for a credit account subject to your terms and standard conditions of sale.		Credit Limit Requested	£ <input type="text"/> .00

Once completed, please return the form and enclose a sample of your Company letterhead.