



Credit Application Form

To open a 30 day credit account (subject to our published terms and conditions), please fill out the form and send it to one of the following:

Address: PO Box 208 Weybridge Surrey KT13 0TU

Fax: +44 (0)1932 563 676

Email: accounts@lsvr.co.uk

Sales Rep

Depot

Sales Rep Tel.

Trading Name

Tel No.

Billing Address

Fax No.

Email

Post Code

Contact Name

Contact Tel.

Registered Company Name

Registered Company Address

Post Code

Company No.

VAT No.

Formation Date

Main Trading Activity

Please check **ONE** of

}	Ltd Company	(If * or * please enter the corresponding fields below)
	Sole Trader *	
	Partnership *	

Bank Name

Monthly Credit Required £

Bank Post Code

Purchase Order Nos. Required?

Sort Code

Director / (Owner 1 **)

Account Number

Director / (Owner 2 *)

Company Secretary

Owner address(es) only required if a non-limited company:

Owner 1 Address **

Owner 2 Address *

Trade Reference A

Trade Reference B

Address of A

Address of B

Please print the form and then sign and date this section by hand:

Signature

Full Name

Date

Position