



CREDIT ACCOUNT APPLICATION

In-motion
Cambridge House
Drake Avenue
Staines Upon Thames
MIDDLESEX TW18 2AP

Tel: 01784 457281

Fax: 01784 453 351

Email: sales@in-motiongroup.com

Form: inm002

Company/Business Name:

Trading As:

Address:

..... Post Code

Tel. No.

Fax No.

Email:

WEB:

Address of Registered Office

(Limited Companies only)

Registered No.

(Limited Companies only)

.....

..... **VAT No.**

BRANCHES/OTHER DELIVERY ADDRESSES:

(1) **Address:**

..... Post Code

Tel. No. **Fax No.**

Email:

Contact:

(2) **Address:**

..... Post Code

Tel. No. **Fax No.**

Email:

Contact:

(3) **Address:**

..... Post Code

Tel. No. **Fax No.**

Email:

Contact:

INVOICING ADDRESS:

.....
..... Post Code

Tel. No. **Fax No.**

Email:

Name of Contact:

Name of Head of your Financial Function:

Anticipated Monthly Figure: £

References:

1) **Name:**

Address:

2) **Name:**

Address:

3) **Bankers**

Address:

We hereby request you to open a Credit Account for this Company/Business.

DECLARATION: *I, being a Director/Partner/Owner of this Company, do confirm that payment for all accounts will be effected in accordance with your terms of trade (payment being due within 30 days of invoice date).*

I also confirm that I have received a copy of your Terms and Conditions of Sale.

Signed:

(Director/Partner/Owner)

Name:

(Block Capitals)

Date: