

**CREDIT ACCOUNT
APPLICATION**



Please complete all sections

*Please complete **all** relevant sections of this application form, failure to do so may result in a delay in processing this application.*

Section 1

<u>Business Contact Information</u>		
Contact Name:		
Company Name:		
Phone:	Email	
Registered Company Address:		
		Postcode:
Date Business Commenced:		
Company Registration Number:		
VAT Registration Number:		
Credit Limited Required: £		
Limited Company:	Sole Trader:	Other:

Section 2

<u>Trade References</u>			
Company Name:		Company Name:	
Address:		Address:	
	Postcode:		Postcode:
Phone:		Phone:	
Email:		Email:	

Section 3

Agreement

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days from the date of the invoice.
3. By completing this application, you authorise Extraction Services Ltd to make enquiries into the trade references that you have provided.
4. You are confirming that the information supplied is the best of your knowledge and belief.
5. You are also confirming that you have read the terms and conditions and agree to them.

Signatures

Name:	Name:
Date:	Date:
Position:	Position: