



**Renaissance Mouldings Ltd**  
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# CREDIT ACCOUNT APPLICATION

*BLOCK CAPITALS please*

**PROPRIETOR'S FULL NAME & TITLE\***  
 If limited company, full name of Director(s)

Mr/Mrs/Ms/Miss/Other	First Name	Initials	Last Name

**COMPANY NAME**

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**TRADING NAME** If different from above

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**ADDRESS**

Address1	
Address2	
Town	
County	
Postcode	
Tel No	
Fax No	
Email	
Web	

**DELIVERY ADDRESS** If different from opposite

Company	
Address1	
Address2	
Town	
County	
Postcode	
Tel No	
Fax No	
Email	

**HOME ADDRESS** If private company

Address	
Address	
Town	
County	
Postcode	
Tel No	
Fax No	
Email	

**BANK DETAILS**

A/C Name	
Address	
Town	
County	
Postcode	
Tel No	
Fax No	
Account No	

**TRADE REFERENCE 1**

Company	
Address	
Town	
County	
Postcode	
Tel No	
Fax No	
Email	
Account No	

**TRADE REFERENCE 2**

Company	
Address	
Town	
County	
Postcode	
Tel No	
Fax No	
Email	
Account No	

**TRADING HOURS\***

Hours of Opening	Day/s Closed

**AVERAGE CREDIT REQUIRED PER MONTH**

£

**DECLARATION BY CREDIT APPLICANT**

I/We hereby request you to open a credit account.  
 I/We, being the authorised officer(s) of this business, do agree that payment of all accounts will be received by you (our supplier) within your stated credit terms of **30 days**.  
 I/We appreciate that adherence to this obligation is the essence of the contract between us.

Signed:		Name:		(Block Capitals)	Date:	
Signed:		Name:		(Block Capitals)	Date:	

\* Please continue overleaf if further space is required.

