

York Carpet & Flooring *Supplies*

Application for Credit

THIS APPLICATION WILL ONLY BE ACCEPTED IF ALL SECTIONS ARE FULLY COMPLETED.

1) Full Name _____

Address _____

_____ Post Code _____

Email Address _____

2) Telephone No: _____ Fax No: _____

3) Legal Structure (Please Tick)

a Sole Trader

b Partnership

c Limited Company

4) Company Registration No: (Limited Company Only) _____

5) Trading Address (if different from above) _____

_____ Postcode _____

Tel No: _____ Fax No: _____

6) Names, Titles and Telephone Numbers of those responsible for the payment of a account.

7) Name of Managing Director (or partners) and Addresses.

_____ Postcode _____

8) Bank details

Bank Name _____
Address _____

_____ Postcode _____
Account Number _____ Sort Code _____

9) Maximum credit required £ _____

10) Date Business was established _____

11) Please supply details of 2 trade references

| | |
|-----------|-----------|
| Name: | Name: |
| Address: | Address: |
| Postcode: | Postcode: |
| Tel No: | Tel No: |
| Fax No: | Fax No: |

I agree to York Carpet & Flooring Centre Credit terms:

Signed _____ Print Name _____

Position _____ Date _____

Our trading terms are 30 days Nett as from Invoice date.

V.A.T. Reg. 847 7729 70

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