



5 Rash's Green
Dereham
Norfolk
NR19 1JG
01362 695557

Business Account Application Form

Please complete and return to the above address

Applicant

Full Name:.....

Address:.....

.....**Post Code:**.....

Email:.....

Phone no:.....**Mobile no:**.....

Company Registration no (if applicable):.....

VAT no:.....**Year Trading Commenced:**.....

References

Supplier 1 – Name:.....

Address:.....

Phone no:.....**Value of Monthly Purchase:**.....

Supplier 2 – Name:.....

Address:.....

Phone no:.....**Value of Monthly Purchase:**.....

Your Bank Account

Name:.....

Address:.....

Sort Code:.....**Account no:**.....

Our Bank Account

Please make BACS payments to:

Name: Natwest **Sort Code:** 60-07-47 **Account no:** 52031853

Credit Limit

Maximum anticipated monthly credit required from us £.....

Name of Person Responsible for Paying Account on Time

.....

Declaration by Applicant Seeking Credit

I am duly authorised by the applicant business to enter into this business on its behalf. We agree that payment of your invoices will be made strictly in accordance with the credit terms stated thereon. We recognise that if payment of your invoices is not made within 30 days from the date of invoice, it may result in the matter being referred to the Credit Protection Association for recovery of the invoice debt; if so, we agree to indemnify you against the costs of recovering the debt and interest on the net payment due at the rate of 8.5% per annum calculated until the date when payment has been received. I authorise our bankers to provide an opinion as to our suitability for the requested account.

Sign:.....**Print:**.....

Position:.....**Date:**.....