



REMIX DRY MORTAR LTD

APPLICATION FOR A CREDIT ACCOUNT

WHEN COMPLETED PLEASE POST OR FAX THIS FORM BACK TOGETHER WITH A SAMPLE LETTERHEAD

Full Trading Name:
Address: Invoice Address if different:
Postcode: Postcode:
Tel. No: Accounts Tel. No:
Fax. No: Accounts Fax. No:
Booking Contact: Accounts Contact:
VAT Registration No:
Nature of Business: How long established:

Are you: [] Limited Company [] Sole Proprietor [] Partnership [] Other

If Limited Company, Registration Number Incorporation Date
Registered Address (Limited Companies) or Home Address(es) of Proprietor(s) (for Sole traders/Partnerships)
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References

Please provide the names and addresses of two references.

Trading Name: Trading Name:
Address: Address:
Postcode: Postcode:
Tel. No: Tel. No:
Fax. No: Fax. No:

I/We hereby apply for a credit account and agree to pay accounts within 30 days of invoice.
I/We confirm that the particulars stated above are correct.
I/We authorise Remix Dry Mortar Ltd to make status enquiries in connection with this credit application.
I/We have read Remix Dry Mortar Ltd's terms and conditions, shown on the reverse side of this credit application form, and hereby confirm acceptance thereof.

Signed: Print Name: Title/Position:
On behalf of: Date: