

Credit Account Application Form



Please Complete The Details Below And Return To
 Fax No: 0118 9 576 578

Company Name:

Limited Company Partnership Sole Trader

Company Registration No:

Invoice Address: Delivery Address:

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Tel: Fax: Web:

Type Of Business: How Long Established:

Number Of Employees:

Person Responsible For Ordering:

Person Responsible For Payments:

Bankers Name & Address:

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Account No: Sort Code: / /

Amount Of Monthly Credit Required:

References (Please supply details of two companies who supply to you):

1) 2)

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Tel: Tel:

Fax: Fax:

PAYMENT TERMS
Strictly 30 Days Nett.

We Confirm That The Above Details Are Correct And Authorise Aura Stationery To Contact
 The Trade References Supplied:

For And On Behalf Of:

Signed: Date:

Office Use Only:

Reference		Main	
Account Added (S)		Mini	
Account Added (P)		Q Direct	
Account Code		Contract	
Rep Code		Date	

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