

Credit Account Application Form - A1 Coldstore

Please complete the form and return either: by post to A1 Coldstore, Bay Horse, Galgate, Nr Lancaster, LA2 9AB;
by fax to 01524 752727; or by e-mail to sales@a1coldstore.co.uk.

Full trading name & address		Invoice name & address (if different)	
Telephone no.		Fax no.	

VAT reg no. Company reg no. Number years trading

Trading style (tick box)

Partnership Limited Co. Sole trader Other

Primary business contact	Name		Title	
	Tel no.		E-mail	

Primary finance contact	Name		Title	
	Tel no.		E-mail	

Bank details name & address			
Sort code		Account number	

Please provide the name, address and contact details of two trade references.

1. Company name & address		2. Company name & address	
Contact name		Contact name	
Phone no.		Phone no.	
Fax No.		Fax No.	

I hereby apply for a credit account and agree to pay in accordance with your conditions of business being a director/ proprietor of the company. I confirm that the details contained within this application are correct and that I acknowledge and accept your conditions of business.

Amount of credit requested

The signatory must be a director/ proprietor of the company.

Signature		Signature	
Name		Name	
Title		Title	
Date		Date	

The application must be accompanied by a company letterhead or an alternative proof of trading style.