



CREDIT ACCOUNT APPLICATION FORM

Company Type		Amount Of Credit Requested (£)
Company Name		
Company Trading Name (if different)		
Company Registration No		
Number of Years Trading		
VAT Reg No		
Trading Address		
Registered Office Address		
Country		
Telephone No		
Fax		
Email		
Account Details	If as above YES/NO	
Accounts Contact Name		
Accounts Address		
Accounts Phone Number		
Accounts Fax Number		
Accounts Email Address		
Business Bankers		
Address		
How Long Banked With	Number of years:	
Sortcode		Primary Account No:
Credit Terms	30 DAYS STRICT FROM DATE OF INVOICE	
Date	I have read and accepted Packaging World Terms & Conditions	
Name		Sign
Position		