

Credit Account Application

Will you please open a credit Account in our name – the details requested are as follows:

Dept	VMOVES FLEET SOLUTIONS	Date		Originator	
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Company Name				Reg No			
Trading Style		PLC		LTD	Partnership		Sole Trader
Trading Address				Partners Full Name			
Telephone				Contact			
Fax				Position			
Nature of Business				Years Est		Parent Company	
Invoices to be sent to				Accounts are paid from			
Address				Address			
Contact Tel				Contact Tel			
Email Address				Email Address			
Names and addresses of two trade references							
Name				Name			
Address				Address			
Contact				Contact			
Bank Details							
Bank Name				Sort Code			
Address				Account Number			
				Account Name			
				Signed			
Please return this form to:				Print Name			
				Position			
				Date			

For In House Completion Only

Assessment of Credit Risks					
Solo Invoice – Is this a one off job only		£	Originator		Date
Anticipated monthly turnover		£	Dept Head		Date
Credit limit assigned	HIGH MEDIUM LOW	£	Accounts		Date
Comments on 'customer standing'					
Accounts Department Use					
Sales ABN		Checksum	Terms & Conditions sent		
Sales Code		Checksum	Credit Check		
Combined			Authorised by Account Manager		
Created by		Date	Date		