

Credit Account Application



Please complete all sections in **BLOCK CAPITALS**. If you have any questions you can email enquiries@takethebiscuit.com or call **028 2564 8011**.

Ltd Company Name (if applicable):

Trading Name (if different from above):

Invoice Address		Delivery Address (if different)	
Contact Name		Contact Name	
Address 1		Address 1	
Address 2		Address 2	
Address 3		Address 3	
Post Code		Post Code	
Tel No		Tel No	
Fax No		Fax No	
Email		Email	

Reg. Office Address		Residential Address	
Business incorporated under Companies Act 1984		Sole Proprietor and Partnerships	
Register Name		Register Name	
Address 1		Address 1	
Address 2		Address 2	
Address 3		Address 3	
Post Code		Post Code	
Company Reg. No.			
VAT No		VAT No	

Trade Reference 1		Trade Reference 2 (if different)	
Contact Name		Contact Name	
Address 1		Address 1	
Address 2		Address 2	
Address 3		Address 3	
Post Code		Post Code	
Tel No		Tel No	
Fax No		Fax No	
Email		Email	

I understand and agree to the Terms and Conditions of sale as detailed and wish to advise that this application may be subject to a Credit Check. Furthermore I am an Authorised Signatory for the above company.

Print Name:

Position:

Signature:

Date: