**Credit Account Application**

Trading Name: --------------------------------------------------------------------------------

Trading Address: -------------------------------------------------------------------------------

Telephone No: ----------------------------------------------------------------------------------

Fax No: -------------------------------------------------------------------------------------------

E mail: --------------------------------------------------------------------------------------------

Post Code: --------------------------------------------------------------------------------------

Are you a sole trader, partnership or limited company? (Circle as appropriate)

Company Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of owners/Partners/Directors\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address of accounts\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address accounts to be rendered: -------------------------------------------------------------

Name of person responsible for payment: ---------------------------------------------------

No of years trading: ---------- Credit limit required covering business: ------------------

PAYMENT TERMS REQUIRED \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Has your company or any directors of your company/partners or proprietors ever been taken to court for non payment of debts or gone into liquidation? YES/NO (Give details on separate sheet)

Your Bankers: -----------------------------------------------------------------------------------

Bankers Address: --------------------------------------------------------------------------------

**Name of three referees**

1. Name: ------------------------------ Address: ------------------------------------------

 Tele No: ---------------------------- Fax No: -------------------------------------------

1. Name: ------------------------------ Address: ------------------------------------------

 Tele No: ---------------------------- Fax No: -------------------------------------------

1. Name: ------------------------------ Address: ------------------------------------------

 Tele No: ---------------------------- Fax No: ------------------------------------------

**Declaration**

I declare that the information given above is true and complete and that I have read and understood your terms and conditions as stated overleaf, which apply to each and every supply of goods and services supplied by BROOK DESIGN HARDWARE LTD (T/A ELKAY). I declare that I am a duly authorised officer permitted to accept and sign on behalf of the company applying for a credit account.

Signed: ------------------------------------- Position: ---------------------------------------

Name in Capitals: ------------------------- Date: -------------------------------------------