



The
Safety Supply
Company

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sales@thesafetysupplycompany.co.uk

APPLICATION FOR A CREDIT ACCOUNT

CUSTOMER NAME _____

TRADING NAME _____

ADDRESS _____

POST CODE _____

TEL No _____ FAX No _____

E.MAIL _____ CO REG No _____

IF SOLE TRADER OR PARTNERSHIP, FULL NAME OF PRINCIPAL PARTNERS:

NOTE: A LETTERHEAD SHOWING CORRECT TRADING STYLE OF COMPANY SHOULD BE ATTACHED TO THIS APPLICATION

NAME(S) OF AUTHORISED BUYERS(S) _____

BANK _____ SORT CODE _____

ADDRESS _____

ACCOUNT No _____

TRADE REFERENCES:

1: NAME, ADDRESS & TELEPHONE No _____

2: NAME, ADDRESS & TELEPHONE No _____

TERMS & CONDITIONS OF TRADE:

- 1: PAYMENT TERMS ARE NETT 30 DAYS FROM DATE OF INVOICE (UNLESS STATED OTHERWISE ON INVOICE)
- 2: THE TITLE OF GOOD SUPPLIED WILL NOT PASS UNTIL ALL SUMS OWED TO THE SAFETY SUPPLY COMPANY LTD HAVE BEEN PAID IN FULL.
- 3: COPIES OF OUR FULL TERMS & CONDITIONS ARE AVAILABLE ON REQUEST.

DECLARATION: I/WE WISH TO APPLY FOR CREDIT FACILITIES. I/WE HAVE READ AND AGREE TO COMPLY WITH THE ABOVE TERMS & CONDITIONS.

SIGNATURE _____ PRINT NAME _____

TITLE _____ DATE _____