

## CREDIT ACCOUNT APPLICATION

This form is to be completed by any prospective customer wishing to trade on credit with Acorn Press Swindon Ltd. Please note that completion of this form does not guarantee credit facilities. We reserve the right to accept or decline any Application without explanation. By completing this form you give us the right to consult any credit reference agency if appropriate.

Full Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Tel. No: \_\_\_\_\_ Fax No: \_\_\_\_\_ Reg. No: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

Proposed Monthly Turnover: \_\_\_\_\_ Proposed Terms: \_\_\_\_\_  
(i.e to be spent with Acorn Press)

If the company is a Partnership or Sole Trader please give personal details of partners/proprietor:

Name: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name: 3. \_\_\_\_\_ 4. \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

I / we request a credit facility with Acorn Press Swindon Ltd. I / we have received, read, understood and agree to abide by their Conditions of Contract. Specifically I / we agree to pay all Invoices rendered correctly within the agreed period. I / we give consent to a credit search being made both now and at any future date (I / we understand that this search may be recorded by the credit reference agency and disclosed in subsequent enquiries).

Signed: \_\_\_\_\_ Name: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR INTERNAL USE ONLY

Account Code: \_\_\_\_\_ Agreed Settlement Terms: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

Brief Comments / Recommendations: \_\_\_\_\_