



Office Use Only

Account No: _____

Approved Credit Limit: _____

Approved By: _____

Date: _____

Kings (Office Solutions) Ltd
 Station House
 Stamford New Road
 Altrincham
 Cheshire
 WA14 1EP
 Tel : 0161 924 2232
 Fax: 0161 924 2233

CREDIT ACCOUNT APPLICATION FORM

PLEASE COMPLETE IN FULL, USING CAPITALS, AND FAX BACK TO 0161 924 2233

Applicants Full Name: Limited Company

Company Name: Reg No:

Trading Address: Sole Trader

Town: Partnership

Post Code: Years Trading:

Tel No (incl STD): Annual Sales:

VAT No:

Purchasing Contact Name: Tel No:

Accounts Contact Name: Tel No:

Trade References (Please supply two trade references):

Company Name: <input type="text"/>	Company Name: <input type="text"/>
Address: <input type="text"/>	Address: <input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Tel No (incl STD): <input type="text"/>	Tel No (incl STD): <input type="text"/>

Sole Trader / Partnership Only (Please provide full name and home address of all owners/partners):

Credit Limited Required: £ Per Month

I/WE AGREE THE CREDIT ACCOUNT FACILITY WILL BE ON KINGS (OFFICE SOLUTIONS) LTD STATED TERMS AND THAT ADHERENCE TO THIS OBLIGATION IS THE ESSENCE OF THE CONTRACT BETWEEN US.

Signed: _____

Full Name: _____

Position: _____

For and on Behalf of: _____

DATA PROTECTION ACT 1998

"We other businesses. We may also make enquiries about the principal owners / partners / directors with a credit reference agency"

