



**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"

