



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 928 2722

CREDIT ACCOUNT APPLICATION FORM

PLEASE COMPLETE IN FULL, USING CAPITALS, AND FAX BACK TO 0161 928 2722

Applicants Full Name: []
Company Name: []
Trading Address: []
Town: []
Post Code: []
Tel No (incl STD): []
[] Limited Company
Reg No: []
[] Sole Trader
[] Partnership
Years Trading: []
Annual Sales: []
VAT No: []

Purchasing Contact Name: [] Tel No: []
Accounts Contact Name: [] Tel No: []

Trade References (Please supply two trade references):
Company Name: [] Address: [] Tel No (incl STD): []
Company Name: [] Address: [] Tel No (incl STD): []

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"