



CREDIT ACCOUNT APPLICATION

Full Trading Title (please attach letterhead) _____

Ltd., Co., Reg., No. _____

Business Address _____ Home Address (if partnership or sole trader) _____

Post Code _____ Post Code _____

Tel & Fax _____ Tel & Fax _____

Main Contact email address _____

Accounts email address _____

Business Classification _____

Company Directors, Partners, Associated Companies, Holding Companies etc.

BACS: - Sort code ____/____/____ Account No. _____

Bankers' name and address _____

Trade Reference Please include address, contact name & telephone number

1 _____

2 _____

Anticipated Amount of Credit Required £ _____

Signed _____ Name _____

Position _____ Date _____

Northallerton Glass Limited
Number 5, Anchorage Lane
Northallerton
DL7 8DX
01609 779948

Accounts application: - accounts@northallertonglass.co.uk
Sales enquiries: - sales@northallertonglass.co.uk