

Customer Credit Application Form

Full Trading Name:	
Company Type:	
Company Address:	
Postcode:	
Invoicing Address (if different from above)	
Postcode:	
Tel:	
Email:	
VAT No:	
Company Registration No:	
Monthly Credit Limit Required: (£ GBP)	

Bank Details	
Bank Account Name -	
Account No -	
Sort Code -	

Trade Reference 1	Trade Reference 2
Name:	Name:
Address:	Address:
Postcode:	Postcode:
Tel:	Tel:
Contact:	Contact:

I/We request you open a credit account in my/our name and authorise you seek references from the Bank and Trade References shown above. I have the required authority to open the credit account and we agree to abide by the terms and conditions of Roadside Technologies Ltd.

Name - Signed -

Position - Date -