

CREDIT ACCOUNT APPLICATION FORM

Please complete in block capitals and return to:
1 Southern Court, South Street, Reading, RG1 4QS

Your Company Details

Company Name -----
Registration Number -----
Trading Address -----
Post Code -----
Telephone Number -----
Invoicing Address (if different) -----

Post Code -----
Telephone Number -----
Accounts Contact Name -----Telephone No -----
Monthly Credit Requested £-----

Bank Details

Name of Bank -----
Address -----

Account Number ----- Sort Code -----

Trade References

[1]		[2]	
Name	-----	Name	-----
Address	-----	Address	-----
	-----		-----
Phone No	-----	Phone No	-----
Contact	-----	Contact	-----

In consideration of the granting of credit facilities I/we agree to make settlement of accounts within the terms and conditions issued by AIT Partnership Group Ltd, and understand that all goods remain the property of AIT Partnership Group Ltd until payment has been received in full.

Name of Authorised Signatory -----
Position -----

Signature ----- Date -----

For AIT Accounts Use Only:

References taken? [1] [2] Credit check completed? Y/N By ----

Monthly Credit Given? £----,-----