



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company name	Company registration number
Parent Company (if applicable)	<input type="checkbox"/> Sole proprietorship
Business Phone Number	<input type="checkbox"/> Partnership
Business Contact E-mail	<input type="checkbox"/> Corporation
Registered company address	<input type="checkbox"/> Other
City, Post Code	

BUSINESS AND CREDIT INFORMATION

VAT number	Bank name:
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Invoicing Address (If different to the address above)	Bank Address
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Accounts Contact	Bank Sort Code
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Accounts Phone Number	Bank Account Number
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Accounts E-mail

BUSINESS / TRADE REFERENCES

Company name	Phone Number
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Address

Company name	Phone
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Address	Fax
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AGREEMENT

1. In applying for credit facilities, we agree to comply with the terms and conditions of the sale offered by the company.
2. All invoices are to be paid on 30 days unless otherwise agreed. All goods remain the property of Sabre Materials Ltd until payment is received in full.
3. By submitting this application, you authorise SABRE MATERIALS LTD to make inquiries into the banking and business / trade references that you have supplied.

Signature	
Name	
Title	
Date	