

## 29 Credit Account Application Form

Please fill in using BLOCK capitals.

Trading Name: \_\_\_\_\_

Proprietor/Director: \_\_\_\_\_

Trading Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Delivery Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Delivery Times: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Sales Contact: \_\_\_\_\_

Accounts Contact: \_\_\_\_\_

Credit Limit Requested: \_\_\_\_\_

Years Trading: \_\_\_\_\_

Are you a limited company? Yes [ ] No [ ]

Registration Number: \_\_\_\_\_

Registered Office Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Director 1 Name: \_\_\_\_\_

Director 2 Name: \_\_\_\_\_

VAT Number: \_\_\_\_\_

### Bank Details required

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Two trade references are required

Company 1 Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Company 2 Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

I/we wish to open a credit account with ATL Agricultural Technology Ltd and agree to comply with ATL's Standard Terms and Conditions of Sale and where applicable, Export Terms and Conditions of Sale, as listed at the back of this product catalogue.

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_