

# ML Accessories Ltd

5a/5b KING STREET, HOUGHTON REGIS, DUNSTABLE, BEDS. LU5 5DS

Tel: 01582 868903 Fax: 01582 868620

## CREDIT ACCOUNT APPLICATION

### SECTION 1: COMPANY DETAILS

Registered name of your company \_\_\_\_\_

Trading name of your company \_\_\_\_\_

Full registered address of your company \_\_\_\_\_

Full trading address of your company (if different from above) \_\_\_\_\_

Tel. No. \_\_\_\_\_ Fax No \_\_\_\_\_ Email \_\_\_\_\_

Company's registration number (if applicable) \_\_\_\_\_

Company's VAT number (if applicable) \_\_\_\_\_

Name of buyer \_\_\_\_\_

Requested Credit Limit \_\_\_\_\_ NB: The credit terms are strictly operated on a net monthly basis

Legal status of Company : Ltd / Partnership / Sole Trader (please delete as applicable)

If not Limited Company please complete Directors details below:

Directors Name \_\_\_\_\_ Tel No. \_\_\_\_\_

Address \_\_\_\_\_

Directors Name \_\_\_\_\_ Tel No. \_\_\_\_\_

Address \_\_\_\_\_

### SECTION 2: TRADE REFERENCES

(All references must have a minimum of two years trading)

Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Tel No. \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Tel No. \_\_\_\_\_

### SECTION 3: SUBMITTER'S DETAILS

Print name \_\_\_\_\_ Director / Partner / Proprietor (please delete as applicable)

Customer Signature \_\_\_\_\_ confirming acceptance of our company's terms and conditions

Date \_\_\_\_\_