

# CREDIT ACCOUNT APPLICATION FORM



## APPLICANT DETAILS

Company Name:	
Address line 1	
Address line 2	
Town/City	
Postcode:	
Country:	
Telephone:	
Fax:	

## GENERAL INFORMATION

Business Formation Date:	
Proprietor / MD	
Contact:	
Accounts Contact:	
Requested Credit Limit:	

## LIMITED COMPANY DETAILS

Registered Name:	
Telephone:	
VAT Reg. No.:	
Company Reg. No:	
(Address if different from above)	
Address line 1	
Address line 2	
Town/City	
Postcode:	
Country:	
Telephone:	
Fax:	

## TRADE REFERENCE 1

Company Name:	
Address line 1	
Address line 2	
Town/City	
Postcode:	
Country:	
Telephone:	
Fax:	
Trading period with supplier:	

## BANK DETAILS

Bank Name:	
Address line 1	
Address line 2	
Town/City	
Postcode:	
Country:	
Account Name:	
Account No.:	
Sort Code:	

## TRADE REFERENCE 2

Company Name:	
Address line 1	
Address line 2	
Town/City	
Postcode:	
Country:	
Telephone:	
Fax:	
Trading period with supplier:	

This application form is a contractual document and must be signed by a partner or the proprietor of the business applying for credit. Applications from Limited Companies can only be processed when signed by a Director of the Company.

*I have read and understand the conditions of sale and agree to accept them as a contractual basis with Bimak UK Limited*

Name of signatory:	
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Position:	
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Date:	
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Signed:

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Bimak UK Limited Registered address: 84 St. Johns Road, Edinburgh, Midlothian, EH12 8AT

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