

Customer Credit Account Application



Please complete and return this form, indicating the level of credit that you would like made available.

Company Name	
Registered No.	
Address	
Name of Accounts Person	
Accounts Telephone No.	
Email Address for Invoices / Statements	<i>(insert "POST" if you prefer them posted)</i>
Credit Limit Requested	£
Trading Terms	30 DAYS – End of Month
REQUESTED BY	<div style="display: flex; justify-content: space-between;"> Authorised Person Date </div>

(Flexo Springs Office Use)

Credit Limit / Terms	Approved By / Date
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