


New Account Credit Application

Company Name		
Partners/Proprietor		
Trading As		
Registered Address		Delivery Address
Post Code		Post Code
Tel. Number		Mobile Number
Email (1)		Email (2)
Company Registration No		VAT No
Bank Details		
Account No		Sort Code
 Please visit link below to set up instruction to your bank or building society to pay by Direct Debit: - https://pay.gocardless.com/AL0005NHB4D5ZE		
Accounts Contact Name		Credit Limit Requested £
Accounts Email (1)		Accounts Email (2)
Accounts Tel/Mob (1)		Accounts Tel/Mob (2)
Company Trade References: - (Please provide two)		
Company Name		Company Name
Address		Address
Post Code		Post Code
Contact		Contact
Email		Email
Tel/Mobile No.		Tel/Mobile No.
<p>IMPORTANT INFORMATION, PLEASE READ</p> <p>OUR ABILITY TO PROVIDE CREDIT IS BASED UPON THE INFORMATION YOU SUPPLY US PLEASE TAKE CARE TO ENSURE YOUR EXACT LEGAL NAME IS QUOTED</p> <p>PLEASE FILL IN EVERY FIELD TO ENSURE A PROMPT RESPONSE</p> <p>A COMPANY SEARCH MAY BE CONDUCTED VIA A CREDIT REFERENCE AGENCY.OUR USUAL CREDIT TERMS ARE 30 DAYS FROM INVOICE DATE, UNLESS AGREED OTHERWISE BEFORE TRADE COMMENCES.</p> <p>TITLE OF GOODS: ALL GOODS REMAIN THE PROPERTY OF RAYNOR HYGIENE LTD UNTIL PAID FOR IN FULL.</p> <p>RAYNOR HYGIENE LTD RESERVE THE RIGHT TO WITHOLD DELIVERY IN THE EVENT OF NON-PAYMENT BY THE CLIENT.</p> <p>ANY CLAIMS FOR SHORTAGES, OR DAMAGES SHOULD BE MADE WITHIN 48 HOURS FROM DELIVERY</p>		
Signature		Print Name Position in Company