



CREDIT APPLICATION FORM

Company Name:	Company Registration No:	VAT Number:
Business Type: (i.e. Ltd/Plc/Partnership)	No. of Years Trading: Credit Limit Required:	
Address: Post Code:	Contact Name: Position: Tel No: Fax No: Email:	
Bankers Ref: Name: Branch:	Sort Code: Account Code:	
Trade Ref1: Name: Address: Tel no: Contact Name:	Trade Ref2: Name: Address: Tel no: Contact Name:	
We hereby agree to SINGLESOURCE's credit terms of 30 days net		
SIGNED:	DATE:	
(PLEASE PRINT NAME)		

Please return completed Credit Application Form to our Sales Team:

Tel: **01932 35568**
Fax: **01932 355686**
E-mail: Sales@Singlesource.co.uk

Wintersells Business Park
14 Wintersells Road
Byfleet, Surrey, KT14 7LF