

Eltime House Hall Road Maldon Essex CM9 4NF T +44 (0)1621 859500 F +44 (0)1621 855335 E sales@tempatron.co.uk www.tempatron.co.uk

## APPLICATION FOR A CREDIT ACCOUNT - PAGE 1

APPLICANT DETAILS	6			
Trading Title/Name:				
Head Office Address:				
Trading Address (if diffe	erent to above):			
Telephone Number:		Name of Managing Director:		
Fax Number:		Name of Company Secretary:		
Email Address:		Number of Years Trading:		
VAT Registration Numb	per:	Credit Limit Required in £:		
LEGAL STRUCTURE				
Sole Trader □	Partnership □	Incorporated Company □	Other (please specify) □	
If Incorporated Company then give Registered Address:				
Company Registration	Number:	Date of Incorporation:		
If Sole Trader or Partnership then give full Name(s) and private Address(es):				
Telephone Number:				
How many years at this Address:				



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## APPLICATION FOR A CREDIT ACCOUNT - PAGE 2

PERSON RESPONSIBLE FOR ACCOUNT PAYMENTS			
Name & Title:			
Telephone Number (Including Extn):			
Fax Number:			
BANKERS			
Name & Address of Bankers:			
Sort Code:	Telephone Number:		
Account Number:	Date Account Opened:		
TRADE REFERENCES			
Company:	Company:		
Address:	Address:		
Contact:	Contact:		
Telephone Number:	Telephone Number:		
Date Account Opened:	Date Account Opened:		
Annual Value of Credit:	Annual Value of Credit:		
	d by the undersigned and is to the best of my/our knowledge, in ion I/we have also read and agreed to the Eltime Ltd. terms and		
Signed:	Date:		

Date:

Signed: