

I / We hereby apply to open a Credit Account with Towers & Sanders Ltd

**General Information**

**Company or Organisation Name** \_\_\_\_\_  
\_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Fax number** \_\_\_\_\_

**If affiliate/subsidiary, name of parent Company** \_\_\_\_\_

**Number of Employees** \_\_\_\_\_

**Company Details**

**Organisational Form**

**Charity**

**Partnership**

**Limited Company**

**Number of Directors/Partners** \_\_\_\_\_

**Registered Company Number** \_\_\_\_\_

**Incorporation Date** \_\_\_\_\_

**Registered Office** \_\_\_\_\_  
\_\_\_\_\_

**VAT Number** \_\_\_\_\_  
\_\_\_\_\_

**Issued Capital** \_\_\_\_\_  
\_\_\_\_\_

**Billing Details**

**Mail Invoices To** \_\_\_\_\_  
\_\_\_\_\_

**Accounts Payable Contact Details** \_\_\_\_\_  
\_\_\_\_\_

**Are Purchase Orders required to clear Invoices for payment?**

**Yes**

**No**

**Application for a Credit Account**

**Financial Details**

**Maximum Monthly Credit Required** \_\_\_\_\_

**Bank Name and Address** \_\_\_\_\_  
\_\_\_\_\_

**Account Name** \_\_\_\_\_ **Account Number** \_\_\_\_\_

**Credit References**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Telephone Number** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Email of contact Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Email of contact** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Credit References**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Telephone Number** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Email of contact Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Email of contact** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Agreement**

I / We hereby certify that all information given in this application is complete and accurate.  
In consideration of the quantity of credit facilities I / We agree to make settlement of accounts **30** days from date of invoice. We accept that 'Title of Goods' supplied remains with towers and sanders Limited until they are paid for in full.  
We accept the standard conditions of sale of towers and sanders limited.

Signed for and on behalf of the managing director named in section 1

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE FAX BACK TO 0845 257 5992**

**For towers & sanders ltd staff only**

Credit Safe Score	Credit Safe Lending Limit
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Credit Limit Granted \_\_\_\_\_ A/C No. Issued \_\_\_\_\_

Amount \_\_\_\_\_ Date \_\_\_\_\_ Approved \_\_\_\_\_