

Credit Account Application Form

Company Name _____

Trading Address _____

Tel No _____ Fax No _____

Email Address _____

Company Reg No _____

Required Monthly Credit Limit _____

Bank Details (Address) _____

Tel No _____

Account No _____ Sort Code _____

Trade Ref _____

Tel No _____

Fax No _____ Credit Limit _____

Credit Terms _____

Authorised Company Signatory

Sign _____

Name _____

Position _____

Date _____

On behalf of the Credit Applicant we hereby agree to settle all invoices within the Liquid Management Solutions Trading Terms of 30 days from date of invoice. Unless otherwise stated in writing, the Liquid Management Solutions Terms and Conditions of Sale (Page 2) shall supersede the Credit Applicant's Terms of Payment. Please complete this form in full, using black ink and block capital letters and return it to Liquid Management Solutions for the attention of the Credit Controller. Please note that without all of the details complete, we will be unable to open an account for you.

liquid

management solutions ltd
"the fluid accountants"



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