

Ash & Lacy Solutions
Credit Account Application Form

A copy of your Company Stationary MUST be returned with this form.
Please Complete All Sections.

Full Company Name
Full Invoice Address
.....
Telephone Number: Fax Number:
Name of purchasing contact: Name of Account Contact:
Email Address: Email Address:
Name (s) of Director (s):
Email Address (s) for invoicing:
No of Employees: Date Business established:
Amount of Credit Requested: Method of Payment: CHAPS / BACS / CC
AMOUNT GIVEN IS DEPENDANT ON INSURANCES (PLEASE NOTE WE DO NOT ACCEPT CHEQUES)
Type of Business: (Limited Company / Partnership / LLP / Sole trader)

LIMITED COMPANIES ONLY

Company Reg Number VAT Number
Parent Company: (If Applicable)
Registered Address: (If different from above)
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SOLE TRADER / PARTNERSHIP ONLY

Name (s) & Address (s) of proprietor / all partners:
.....
.....

BANK DETAILS

Name of Bank:
Address:
Account Number: Sort Code:

Please Supply Contact Details Of 2 Trade References: (Name, Address & Contact Details)

1)..... 2).....
.....
.....

For office use only

Account Number Date Account opened:
Credit Limit: Authorised Signature:

We confirm that the above information is true and correct. We authorise Ash & Lacy Solutions Ltd to investigate our credit history, including contacting the above bank and obtaining credit reports. We have read Ash & Lacy Solutions Ltd terms and conditions of sale and accept that they will apply to all orders placed by ourselves.

Authorised Signature: Print Name:
Title: Date: