



APULJACK
ELECTRONICS LTD

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APPLICATION TO OPEN A COMMERCIAL CREDIT ACCOUNT

APPLICATION DATE: _____

COMPANY REGISTRATION NUMBER: _____ VAT NUMBER: _____

TRADING TITLE: _____

TRADING ADDRESS: _____

_____ POSTCODE: _____

TELEPHONE NUMBER: _____

NAME OF PERSON MAKING THE APPLICATION: _____

SIGNATURE OF APPLICANT: _____

POSITION HELD: _____

LENGTH OF SERVICE: _____

CONTACT EMAIL ADDRESS: _____

PLEASE GIVE NAME OF PARTNER/DIRECTOR AND THEIR TITLE:

NAME OF BANK: _____

BANK ACCOUNT NUMBER: _____ BANK SORT CODE: _____

ACCOUNTS EMAIL ADDRESS: _____

CREDIT PERIOD REQUEST: _____

CREDIT LIMIT REQUEST: _____

NAME AND ADDRESS OF TRADE REFERENCE: _____

In processing your application for credit facilities we make enquiries of credit reference agencies and other third parties who may record those enquiries.