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Netherton Liverpool L30 6TL

Tel : +44 [0]151 524 2434

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Application for Credit Facilities

Full Company Name:				Registr	ration Number	
Trading Name and Address						
Address 1						
Address 2						
Town/City						
Post Code						
Country						
Phone Number						
Fax Number						
Email						
Person responsible for payments						
Phone Number						
Buyer's Name(if different	from above)				
Buyer's Email (it	f different f	rom above)				
Business Sector						
Bank Name and Address						
Name						
Address						
Town/City						
Post Code						
Country						
Account No						
Sort Code						
Account Name						
Credit Limit Requested						
In submitting this form by email, fax or post, I declare that the above information is correct and to the best of my knowledge. I understand that all contracts are subject to your standard terms and conditions of trading, copies of which are available on request. I agree to be bound by those terms and conditions and understand that a credit account may be refused. The credit account terms are 30 days from date of invoice. I understand that George Roberts (NW) Ltd is entitled in its absolute discretion to withdraw credit at any time.						
Signed				Date		
Name				Position		