

## **ACCOUNT APPLICATION FORM**

## PLEASE USE BLOCK CAPITALS

A. ACCOUNT SETUP INFORMATION:	
Full Trading Name	Business Type Timber Pellets
Limited ☐ Partnership ☐ Sole Trader ☐	Company Registration No.
Full Address	VAT No.
	Managing Director's Name
	Registration. Office
Post Code	Post Code
Telephone No.	Fax
Mobile No	Email:
Website	
Sole Trader or Partnership please complete the follo	owing: If a limited company, please supply a Director's name.
Sole Trader / Partner No. 1 / Director	Partner No. 2
Full Name	Full Name
Home Address	Home Address
Post Code	Post Code
Telephone No.	Telephone No.
Date Business Established	Bank Reference: Ban BS
Type of Business	Address
Payments Contact	
Telephone No. (if different)	Post Code
	A/C Sort Code:
	Name of Account:
B. CREDIT APPLICATION INFORMATION:  Please accept this form as my  / our  application for a credit account. Estimated monthly sales of £:  I  / we  give my  / our  consent to a credit search being made on me  / us  as owner  /  Partner  or Director  of this organisation both now and at any future date. I  / we  understand this search will be recorded by the agency and may be disclosed to subsequent enquirers.	
Signed:	Director Partner Owner Date:
For Office use Only:	
Once Annual Annu	

**CREDIT APPLICATION AMOUNT:** 

PLEASE FAX TO 028 66 32 7924. FAO: CREDIT CONTROLLER, OR EMAIL TO:

credit.control@balcas.com

Review Date: 24/08/2020