Credit Account Application Form

Company Name:	
Description of Business:	eg Automotive / Manufacturing / Healthcare / Food & Bev / Education / Medical / Retail / Other
Registered Address:	
Telephone Number:	
Type of Company:	☐ Limited Company ☐ PLC ☐ LLP ☐ Sole Trader ☐ Partnership ☐ Other – Please Specify:
Date of Incorporation / Years Trading:	
Company Registration Number:	
Monthly Credit Limit Required:	
Accounts Payable Contact:	
Name:	
Telephone:	
Email:	
Invoice Address (if different from above)	
Bank Details **Bank Name:**	
Account Name:	
Address & Postcode:	
Bank Account Number:	**Sort Code:**

Trade Reference - Supplier 1

Company Name:	
Address & Post Code:	
Main Trade Activity:	
Period Traded with Supplier:	
Contact Name:	
Telephone:	
Email:	

Trade Reference - Supplier 2

Company Name:	
Address & Post Code:	
Main Trade Activity:	
Period Traded with Supplier:	
Contact Name:	
Telephone:	
Email:	

CUSTOMER AGREEMENT TO TERMS AND CONDITIONS

Please complete all sections, sign declaration and return to accounts@labelsonline.co.uk

I/We the undersigned apply to Labels Online. for credit facilities and declare that the information given above is accurate. I/We agree to trade on Labels Online's Terms and Conditions applicable at the date of transaction and confirm we have read the said terms and conditions (available to download from our website – see Terms and Conditions. Labels Online reserve the right to withdraw or terminate this agreement for credit without notice upon breach by the customer of any terms and conditions and all amounts then outstanding will become due forthwith.

Signed:	
Name:	
Position:	
Date:	
If partnership (second signatory required)	
Name:	
Position:	
Date:	

everything labels & tags

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