

# Credit Account Application Form

Please complete in BLOCK CAPITALS

## Customer Details

Company Name:	
Address:	
Telephone:	
Fax:	
Email:	
Company Reg No:	
Company VAT No:	
Company Profile:	
Years Trading:	

## Account Details

Accounts Contact:	
Accounts Tel:	
Accounts Fax:	
Accounts Email:	

## Bank Details

Bank Name:	
Bank Address:	
Account No:	
Sort Code:	

## Credit Details

Opening Date:	
Credit Limit:	

## References

Company Name:		Company Name:	
Address:		Address:	
Telephone:		Telephone:	
Monthly Spend:		Monthly Spend:	
Time Traded:		Time Traded:	

## Confirmation

I, being an authorised signatory of the above client, confirm the information given is both current and accurate and I understand and accept Linxcom's Terms and Conditions of Sale regarding the credit account and any orders related to it.

Signed:		Name:	
Date:		Position:	