

# INTERHORT LTD TRADE ACCOUNT APPLICATION FORM

Gresty Lane, Shavington, Crewe, Cheshire, CW2 5DD  
Tel: 01270 252530 Fax: 01270 211065 E-mail sales@interhort.com

## SECTION A - to be completed by all applicants

|   |                  |
|---|------------------|
| FULL TRADING NAME:                          |                  |
| TRADING ADDRESS:                            |                  |
| POST CODE:                                  |                  |
| CONTACT NAME:                               | E-MAIL:          |
| CONTACT LANDLINE NO:                        | MOBILE NO:       |
| INVOICE ADDRESS ( if different from above ) |                  |
| POST CODE:                                  |                  |
| BANK NAME:                                  |                  |
| BANK ADDRESS:                               |                  |
| POST CODE                                   |                  |
| ACCOUNT NAME:                               |                  |
| BANK SORT CODE:                             | BANK ACCOUNT NO: |
| TYPE OF BUSINESS:                           |                  |
| NO. OF YEARS TRADING:                       |                  |
| HIGHEST CREDIT REQUIRED PER MONTH:          |                  |

## SECTION B - to be completed by Limited Companies only

|                             |                    |
|-----------------------------|--------------------|
| COMPANY NAME:               |                    |
| REGISTERED OFFICE:          |                    |
| POST CODE:                  |                    |
| COMPANY REG NO:             | DATE INCORPORATED: |
| HOLDING COMPANY ( if any ): |                    |
| POST CODE:                  |                    |

## SECTION C - to be completed by Sole Traders and Partnerships only. A business letterhead must accompany.

|                                    |
|------------------------------------|
| (1) NAME & ADDRESS OF PROPRIETORS: |
| POST CODE:                         |
| (2) NAME & ADDRESS OF PROPRIETORS: |
| POST CODE:                         |

## SECTION D ( DECLARATION ) - to be completed by all applicants

|   |           |
|---|-----------|
| As an authorised representative of the above business I request the use of a Credit Account subject to the standard terms.<br>I AGREE TO ABIDE BY THE PAYMENT TERMS OF 30 DAYS NETT FROM DATE OF INVOICE. |           |
| SIGNED:   | POSITION: |
| PRINT NAME:   | DATE:     |

**PLEASE SUPPLY COPIES OF RECENT TRADE SUPPLIER CREDIT INVOICES OVER THE VALUE OF £100.00. TWO SEPARATE TRADE SUPPLIERS ARE REQUIRED AND WE WILL USE THESE AS CONTACTS TO WRITE TO FOR REFERENCES.**