

Customer Credit account application form



Customer Name:	Tel No:		
Invoice Address:	Fax No:		
	Accounts contact:		
	Phone # :		
	Job Title:		
Goods or Services under consideration:			
Customers Bank:	Account No:		
Bank's Address:	Sort Code:		
	VAT No:		
	Credit limit reqd:		
	Currency: GBP		
Please forward two vendors that would provide trading references for your company: (1) Vendor name:			
Contact: Telephone #:			
(2) Vendor name:			
Contact: Telephone #:			
Completed by customer			
Name	Signature	Title	Date
FOR ARFON RMS USE ONLY			
Date sent:	By whom:	Date Returned:	
Supplier response accepted / approval:			
Credit rating:	Credit limit:	Other	
Reviewed by:	Signature:		
Recommendations:			
Approved for action by Director			
Name:	Signature:	Date:	

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