



30 DAY CREDIT ACCOUNT APPLICATION FORM

Customer Number:

CONTACT INFORMATION

Full Trading Name:

Contact Person:..... Email:

Job title: Phone:

Buyer Contact: *(if different)* Account contact: *(if different)*

Buyer phone: Account phone:

Buyer Email: Account email:

INVOICE / DELIVERY ADDRESS

Invoice address: Delivery address (if different):

.....

.....

.....

Delivery Instructions (e.g opening time, book in):

Where are goods being sold? (online/ shop/other):.....

Website address? / Number of shops?:

COMPANY INFORMATION

VAT Number: Number of years in the business:

Expected turnover for this financial year:

Company Type: Sole Trader Partnership Limited Company

Sole Traders or Partnerships, please list names and home addresses of all owners:

Name: Telephone:

Home address:

Requested credit limit: £.....

I would like to be added to the mailing list for wholesale newsletters.

TRADE REFERENCE 1

Please give two company trade references that you have a credit account history with for at least 18 months.:

Company Name:

Email: Phone:

Address:

.....

.....

TRADE REFERENCE 2

Company Name:

Email: Phone:

Address:

.....

.....

PLEASE SIGN BELOW TO AGREE TO OUR TERMS AND CONDITIONS

Signature: Print:

Position: Date:

The terms & conditions can be found on our website at <https://www.sassandbelletrade.co.uk/information/terms-and-conditions/>

Our accounts team will be in touch with a status update after the application has been reviewed.

TO BE COMPLETED BY SASS & BELLE:

Credit account open date:

Credit limit:

Approved by:

Please note periodic credit reviews will take place and we reserve the right to change your payment terms.