



APPLICATION TO OPEN A CREDIT ACCOUNT FOR LIMITED COMPANY

**SEBDEN STEEL SERVICE CENTRES LTD**

Tel: +44 (0) 161 928 8548 Fax: +44 (0) 161 929 0587

FULL OFFICIAL REGISTERED NAME:	
COMPANY REGISTERED NUMBER:	REGISTERED VAT NUMBER:
NAME OF DIRECTORS:	

BUSINESS ADDRESS:	REGISTERED OFFICE ADDRESS:
TELEPHONE NUMBER:	TELEPHONE NUMBER:
FAX NUMBER:	FAX NUMBER:

NATURE OF BUSINESS:	
HOW LONG ESTABLISHED:	PREMISES OWNED OR RENTED:
ANTICIPATED ORDER LEVEL PER MONTH: £	
CONTACT NAME IN ACCOUNTS:	
ACCOUNTS DIRECT TELEPHONE:	ACCOUNTS DIRECT FAX :
DATE ACCOUNTS TO PAY:	
DO YOU PAY VIA BACS:	

BANKERS NAME & ADDRESS:	
ACCOUNT NUMBER:	SORT CODE:

TRADE REFERENCE 1:	TRADE REFERENCE 2:	TRADE REFERENCE 3:
CONTACT:	CONTACT:	CONTACT:
TELEPHONE:	TELEPHONE:	TELEPHONE:
FAX:	FAX:	FAX:

I declare that to the best of my knowledge the above information is correct:  
 I/We wish to apply to open a credit account  
 I/We have read and accept the General Conditions of Contract  
 I/We understand that the terms of credit are that payment is due promptly within 30 days from end of the month delivery  
 And I/We agree to pay to those terms

SIGNED: ..... NAME: .....

POSITION: ..... DATE: .....