Credit Application Form



In order to open a credit account with payment terms of 30 days from date of invoice, please complete this form and return it to us by fax on 01622 858058, or by email to finance@countrystylerecycling.co.uk

Countrystyle Contact:							
Full Trading Title:							
Company Name:							
Invoice Address:							
Postcode:							
Registered Office Address (if different from above):							
				•			
Postcode:	:			Email Address:			
Telephone Number:	e Number:			Fax Number:			
Credit limit required:						·	
Purchase Ledger Cor	ntact:						
Telephone Number:				Email Address:			
Company Registration	Numbe	er:					
VAT Registration Number:						UK SIC Code	
E-Billing email address	-Billing email address:					Purchase Orders	s Required: Yes / No
References:							
(1) Address:	ddress:			(2) Address:			
Tel:					Tel:		
Fax:							
Payment terms are strictly 30 days from DATE of invoice. Customers who fail to pay all sums due to COUNTRYSTYLE on the due dates for payment as specified on the invoice then without prejudice to any other rights that COUNTRYSTYLE may have, COUNTRYSTYLE may be entitled: 1. To cease taking orders from the customer; 2. To demand immediate payment for all or any sums invoiced to the customer by COUNTRYSTYLE whether due at the date of demand or not. PERSON APPLYING FOR THE ACCOUNT							
I accept the standard Terms and Conditions of payment as specified above.							
Name: Date:							
For and on behalf of: .	<u></u>	<u></u>		<u></u>			