

CREDIT ACCOUNT APPLICATION

Company Details	Bank Details
Company Name: Address: Limited Company: Yes / No Company Reg No: VAT No:	Account Holder Name: Bank Name & Address: Sort Code: Account Number:
Contact Details	Invoicing Procedure
Main Office Contact: Tel No: Email: Accounts Contact: Tel No: Email:	Work Order Number Required: Yes / No Tel No: Email: Purchase Order Required: Yes / No Email: Email for Final Invoices:
Trade Reference 1	Trade Reference 2
Name: Address:	Name: Address:

Maximum Credit Required:

Our terms are 30 days from date of invoice of work done or goods supplied. Additional terms to be agreed with TTS Support LTD by prior arrangement only. Applicant will be notified in writing of payment term and credit limit. TTS Support LTD have the right to withdraw credit at their discretion.

Signed:	Date:
Printed Name:	Position:

OFFICE USE ONLY

Authorised by:	Credit Limit:
Date:	Account Number:

