

CREDIT ACCOUNT APPLICATION FORM

INSTOCK

Company Name:.....

Invoice Address:

Delivery Address:
(if different)

.....

.....

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.....

.....

.....

Post Code:

Post Code:

Type of Business:

No. Years Traded:

Company Registration No:

Statement Req'd: **YES/NO* (*please delete as appropriate)**

If not a limited company - name & home address of proprietor/s:

.....

Initial Order Value:

Credit Limit Required:

Form Completed By:

Position In Company:

Signature:

Date:

CONTACT DETAILS

(Please provide the following contact details)

Name:

Name:

Position **Buyer/Purchasing**
Contact

Position **Buyer/Purchasing**
Contact

Telephone:.....

Telephone:.....

Fax:

Fax:

Email:

Email:

TRADE REFERENCES

1. Name:

2. Name:

Address:

Address:

.....

.....

Tel/Fax:

Tel/Fax:

BANK DETAILS

Sort Code:

Account Name.....

Acc Code:

Please return this form either by fax - 01224 725586 or by post to the Credit Control Manager,
Instock Disposables Ltd, Unit 1 Howe Moss Drive, Kirkhill Ind Estate, Dyce, Aberdeen, AB21 0GL