



APPLICATION FOR CREDIT ACCOUNT
Please complete and fax back to 0870 803 2456

Company Name.....

Address.....

Post Code.....Tel.....

Fax.....Company No.....

Date of Incorporation.....Vat Number.....

Your Name.....Position.....

Accounts Contact:.....Tel:.....

Monthly Credit Required £.....

Trade References

1/.....2/.....

Tel.....Tel.....

Bank Details

Name.....

Branch Address.....

Account Name.....

Account Number.....Sort Code.....

Signed.....Date.....

Please print name.....

Please Note:

Credit Terms are strictly 30 Days, All Goods supplied remain property of Step On Safety Ltd until payment received in full. In accordance with The Late Payment of Commercial Debts (Interest) Act 1998 We reserve the right to charge interest and compensation on overdue accounts.