

CREDIT ACCOUNT APPLICATION

Left Point Distribution: Unit 5-6, Ocean House, Meridian Centre, Belvoir Way, Fairfield Ind Est, Louth, LN11 oLQ

Tel: +44 (0)1507 201 707 Email: accounts@left-point-distribution.co.uk

Registered Company No: 5584607 VAT No: GB 895 1599 64

Please complete and return our credit account application form which will be treated in the strictest confidence:

Company Information	
Trading (shop) name:	Registered company name (if different):
Trading address:	Registered company address (if different):
Postcode:	Postcode:
Email:	Company Registration no:
Telephone number:	VAT no:
Accounts Information	
Accounts contact name:	Accounts telephone number:
Accounts email address:	
Length of time trading (years/months):	
Email:	Company Registration no:
Type of business: Ltd / Sole Trader / Partnership /oth	er (please specify)
Names and home address of all Directors or Proprieto	rs or Partners:
Name: Address:	Name: Address:
Name: Address:	Name: Address:
Banking Information	
Bank Name:	Branch:
Bank Address:	
Account Name:	Account Number:
Sort code:	

Continued on next page Trade References (please supply at least 2 trade references) Trade Reference 1:	
Address:	Email Address:
Trade Reference 2:	
Name:	Telephone no:
Address:	Email Address:
CREDIT LIMIT REQUIRED:	£
	eaded notepaper when returning this form. ections of this form will results in a refusal of your application.
	DECLARATION
in writing The Applicant (s) requests that a trade a the standard terms and conditions of t	ve information is correct and undertakes to notify Northcore Limited of any subsequent amendments thereto. account be opened with Left Point Distribution and agrees to abide by rading of Left Point Distribution, a copy of which is thereby received and acknowledged.
Signature of applicant: For and on behalf of:	
Name (Block Capitals):	

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