

FORESTRALL LTD – Monthly Credit Account Application Form

*** THIS FORM MUST BE RETURNED TO US BY POST PLEASE AS A BANK WON'T ACCEPT PHOTOCOPIED / FAXED VERSIONS ***

I/We apply to open a credit account on the conditions of sales set out by Forestrall Ltd and furthermore agree to pay all accounts due on or before the last day of the month following the month of supply.

TRADING NAME & ADDRESS (*Please attach letter headed paper*)

Name: _____ Company Number: _____

Address: _____

Postcode: _____

Contact Name: _____ Contact Number: _____

Email Address: _____ Company Website: _____

Registered Office Address:

_____ Postcode: _____

Previous Address (if less than 3 years at present address):

_____ Postcode: _____

Sole Trader ()

Partnership ()

How Long established?

Estimated Turnover per annum?

Type of work?

Names of Directors / Partners:

Address of Partners:

We the undersigned being a Director/Directors of the applicant Company jointly and severally guarantee payment of all the Company's financial obligations to Forestrall Ltd

Two Credit Account References (preferably with other Suppliers/Traders)

Name: _____

Address: _____

Contact Name: _____ Contact Number: _____ Contact Fax: _____

Name: _____

Address: _____

Contact Name: _____ Contact Number: _____ Contact Fax: _____

Name of Bank: _____ Banker/Credit Card No: _____

Address: _____ Postcode: _____

Account No: _____ Sort Code: _____

We _____ give _____ permission to furnish Forestrall Ltd with a credit reference on our behalf. We are asking for £_____ credit.

**** THIS SECTION MUST BE FILLED IN PLEASE!! ****

Signed: _____ Position: _____ Date: _____

Signed: _____ Position: _____ Date: _____

Signed: _____ Position: _____ Date: _____

NOTE – IN THE CASE OF PARTNERSHIPS – ALL PARTNERS MUST SIGN ABOVE

Forestrall Limited, The Old Woodyard, Watling Street (A2/A296), Bean, nr Dartford, Kent DA2 8AH

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