

## CREDIT ACCOUNT APPLICATION FORM

Please complete the following and e-mail it to [accounts@mixamate.co.uk](mailto:accounts@mixamate.co.uk) or fax back us on 0208 807 8089.  
Please attach a copy of your company letterhead.

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Post Code \_\_\_\_\_  
Contact name \_\_\_\_\_  
Tel: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Company Registration Number \_\_\_\_\_  
How long has your company been trading \_\_\_\_\_  
How much credit limit do you require £ \_\_\_\_\_

*Accounts address if different from above:-*

\_\_\_\_\_  
\_\_\_\_\_  
Post Code \_\_\_\_\_  
Contact name \_\_\_\_\_  
Tel: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**ALL SALES INVOICES AND STATEMENTS WILL BE EMAILED TO ACCOUNTS EMAIL ADDRESS SUPPLIED ABOVE**

*Our terms of trading are strictly 30 days end of month*

**SOLE TRADERS ONLY** Please supply two trade references:-

1st Company Name \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Telephone No \_\_\_\_\_ Fax No \_\_\_\_\_  
2nd Company Name \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Telephone No \_\_\_\_\_ Fax No \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_  
On behalf of \_\_\_\_\_

**PLEASE NOTE CREDIT ACCOUNTS WILL NOT BE AUTHORISED UNTIL WE RECEIVE RETURN OF THIS FORM COMPLETED IN FULL, SIGNED AND DATED. IF SUCCESSFUL YOU WILL BE NOTIFIED IN WRITING.**