

CREDIT ACCOUNT APPLICATION FORM

Please complete the following and e-mail it to 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 _____

****This form must be signed by a director of the company.**

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.