

Credit Account Application

Applicant

Company Name	
Address	
Sales Contact Name	Tel No
Email Address	
Company Reg No	VAT No
Credit Limit Required	

Business Status

Limited	Sole Trader
Partnership	Plc

Sole Traders / Partnerships (Please provide the following details)

Forename	Forename
Surname	Surname
Date of Birth	Date of Birth

Invoicing Details

Invoice address if different from above	
Contact Name	Tel No
Email Address	



Credit Account Application

Bank Details

Bank Name	
Address	
Sort Code	Account No
Account Holder Name	

I / We agree to the Terms and Conditions which are applicable, and are published on your website www.cannonea.co.uk or are available on request

Authorised Signature	Print Name
Position	Date

Please return the completed form to accounts@cannonea.co.uk and attach a copy of your company letterhead