

Credit Account Application Form

Full Company Name

Limited Company Non Limited Company

Registered Office Address

County	Postcode
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Tel.	Email
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Company Registration No.		VAT Registration No.	
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Registered Charity	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If Yes, please state charity registration no. and enclose copy of certificate

Invoice/Statement Address (if different)	Delivery Address (if different)
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County	County
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Postcode	Postcode
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Tel.	Tel.
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Email <small>Must be completed</small>	Email
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Credit limit requested	Buyers name
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Current Trading currency	Tel.
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Industry	Email
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I acknowledge receipt of JM Clark Limited Terms and Conditions of Sale and agree to be bound by these terms. Particularly I understand the payment terms and Returnable Packaging and Ancillary Charges.

I further understand that failure to comply with these terms may result in the credit account being put on stop and any outstanding orders being held, pending payment.

I understand that information processed in this form is for account creation and reference only.

I confirm that we may contact you at a future date to request details for a trade reference.

I confirm that we may use a third party credit reference agency to obtain and monitor your financial information on an ongoing basis.

I confirm that I accept that these terms will apply for all future transactions and that any amendments requested by us shall only apply if agreed in writing by both parties. I confirm that I have the authority to apply to open this account.

Accepted by (print full name)	Signed
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Position	Date
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