

# SS White Group



## CREDIT ACCOUNT APPLICATION FORM

Until this form has been completed IN FULL, and approved by the company,  
any transactions must be strictly cash with order

SS White Group  
9 Madleaze Estate  
Bristol Road  
Gloucester GL1 5SG, UK  
Tel: +44 (0)1452 307171  
Fax: +44 (0)1452 307187  
e-mail: [sales@sswhite.com](mailto:sales@sswhite.com)

Trading Name:	Limited Co Registration No:	
Address:	Registered Office:	
Postcode:	Postcode:	
Tel No:	Parent Co Name:	
Fax No:	Names & Private Addresses of Partners/Owners For Non Limited Businesses	
Bankers Name:		
Address:		
Account No:		
Account Name:		
Maximum Credit Requirement £:		
Name of person responsible for payment of account:		Tel:
Please give THREE current trade referees:		
1)	2)	3)
Tel No:	Tel No:	Tel No:
Fax No:	Fax No:	Fax No:

### DECLARATION BY CREDIT APPLICANT

In applying for credit facilities, we agree to comply with the terms and conditions of sale offered by the company (payment strictly within agreed terms). Any queries or dispute of invoice to be made within five days of receipt.

We believe the information given above to be full and correct.

Signed:	Name (Block Capitals)
Date:	Position:

Please return to the Accounts Department at the above address