

CREDIT ACCOUNT APPLICATION



Limited Company LLP Sole Trader Partnership *please select*

Registered Company _____ Company Reg No. _____

Trading Name: _____

Name: _____ VAT Reg: _____

Trading Address: _____

Postcode: _____

Telephone: _____

Fax: _____

Mobile _____

Registered Office Address (if different from above): _____

Postcode: _____

Main Contact Name: _____

Tel: _____ Email: _____

A/c's Contact Name: _____

Tel: _____ Email: _____

Names of Proprietors - *if non limited company please provide home address and date of birth*

Name: _____ Date of Birth: _____

Address: _____

Postcode: _____

Name: _____ Date of Birth: _____

Address: _____

Postcode: _____

Name: _____ Date of Birth: _____

Address: _____

Postcode: _____

Name: _____ Date of Birth: _____

Address: _____

Postcode: _____

Trade References - please provide details of three businesses you regularly obtain goods/services from:

Company: _____ Contact: _____

Address: _____

Postcode: _____

Telephone: _____ Time trading with company: _____

Company: _____ Contact: _____

Address: _____

Postcode: _____

Telephone: _____ Time trading with company: _____

Company: _____ Contact: _____

Address: _____

Postcode: _____

Telephone: _____ Time trading with company: _____

Bank Details

Bank: _____ Branch: _____

Branch Address: _____

Postcode: _____

Account Name: _____

Account No: _____ Sort Code: _____

Please provide details of credit limit required or expected monthly expenditure: _____

I hereby authorise TIA G/B Ltd t/a Treadsetters to obtain references from the above as and when appropriate. I agree to abide by the terms and conditions as set out by TIA G/B Ltd t/a Treadsetters, which include that all invoices are due to be paid within 30 days from the date of invoice and that a purchase order must be provided for services rendered.

Signed: _____ Date: _____

Position: _____

For office use only:

Account No.: _____

Payment terms: _____

Credit Limit: _____

IF? Y/N _____

Sales Person: _____

A/c opened by: _____

Signed: _____

Date: _____

Please return completed application form with a copy of your company letterhead via either:-

Post:- Treadsetters, Unit C&D, Halesfield 14, Telford, Shropshire TF7 4QR.

Email:- creditcontrol@thetiagroup.com

Fax:- 01952 684957

