



The Glass Works, Wotton Road, Kingsnorth Industrial Estate, Ashford,
Kent TN23 6LN Tel: 01233 632245

Web: www.glassservices.co.uk

Email: sales@glassservices.co.uk

30 Day Credit Application Form

Full Company Name:	
Trading as (if different):	
Turnover (last financial year):	
Number of employees:	
VAT number:	
Business Type:	PLC / Limited / Partnership / Sole Trader (Delete as applicable)

Trading address	
Post Code:	

Registered address (if different)	
Post Code:	

Website:

Purchasing Contact:	
Direct Line:	Email:

Accounts Contact:	
Direct Line:	Email:

Credit Limit Required: (Note: Credit Limit should be twice average Monthly spend)	
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BANK DETAILS		
Bank Name:		
Bank Address:		
Post Code:		
Account Name:	Account Number:	Sort Code:

Partnerships & Sole Traders <u>ONLY</u>

1 st Partner/Owner Name:
Home Address:
Post Code:

2 nd Partner/Owner Name:
Home Address:
Post Code:

Limited Companies <u>ONLY</u>

Registered Office Address:	
Post Code:	Company Reg No:
Holding Company: Yes / No (delete as applicable)	
If Yes, please provide details:	
1 st Director:	
2 nd Director (if more than one):	
3 rd Director (if more than two):	

Trade References

Reference 1 (must be a UK registered Company)	
Name:	
Address:	
Post Code:	Tel No.:
Contact:	Contact Email:
Period Traded:	Monthly Spend:

Reference 2 (must be a UK registered Company)	
Name:	
Address:	
Post Code:	Tel No.:
Contact:	Contact Email:
Period Traded:	Monthly Spend:

Please note that only FULLY COMPLETED FORMS will be assessed.

All applications to be returned to accounts@glassservices.co.uk

AUTHORISATION:

- This form must be signed by the business owner, a Director or senior representative of the company.
- The Customer hereby authorises Glass Services Limited to obtain the Customer's financial information listed above. The Customer also authorises Glass Services Limited to contact the above reference suppliers for information regarding the Customer's trading history with them.
- The Customer has read, understood and agreed to the terms and conditions of Glass Services Limited are published on website

Are you authorised to sign this form?	YES / NO	(delete as applicable)
Signed:	(Duly authorised)	
Name (BLOCK CAPITALS):		
Position:		
Date:		