

Credit account application

Company/business name			
Address			
Company registration number		Postcode	
Telephone		Order acknowledgement fax	
E-mail address		Statement fax	
Type of business	<input type="checkbox"/> Sole trader	<input type="checkbox"/> Partnership	<input type="checkbox"/> Private limited company <input type="checkbox"/> PLC or subsidiary
Parent company/Group			
Description of business			
Number of years in business			
Bank name			
Address			
		Postcode	
First trade referee			
Address			
		Postcode	
Second trade referee			
Address			
		Postcode	

I / we apply to open a credit account with Watson-Marlow Limited for the sum of £

£

I / we agree to adhere to Watson-Marlow payment terms of 30 days from date of invoice

To be signed by authorised officer; for example, accountant, senior buyer

Signature

Name

Job title

Date

Company stamp