

CREDIT ACCOUNT APPLICATION FORM

Please Complete & Fax Back To Us On 01327 301 897.

Must Be Supported By A Sample Of Your Company Letterhead.

Date:

Full Company Name & Trading Style

Office Address

Postcode.....

Telephone No..... Fax No.....

Delivery Address

Postcode.....

Telephone No..... Fax No.....

Name Of Person Responsible For Arranging Payment.....

Name Of Principle Buyer.....

Company Registration No (If Applicable) Date Company Began Trading

Names Of Directors.....

Name(S) & Home Address(Es) Of Owners Or Partners (If Company Is Not Of Limited Liability)

Name..... Address.....

Postcode.....

Name..... Address.....

Postcode.....

Name..... Address.....

Postcode.....

Trade References - 2 Names Required

Name..... Address.....

Postcode.....

Telephone No..... Fax No.....

Name..... Address.....

Postcode.....

Telephone No..... Fax No.....

Bankers Name

Address..... Postcode.....

Credit Limit Required £.....

Signature Of Applicant (Must Be Director, Owner Or Partner).....

Print Name.....

By signing this form, you hereby confirm that the information given is correct, and that you will notify Mila in writing of any subsequent amendments there to. In addition you agree to abide by our standard terms & conditions of sale.

MILA USE ONLY

A/C No

Data Protection Act 1998

In returning this application form you accept that we will make a search with a credit reference agency and may share that information with other businesses for credit control purposes. We may also make enquiries about the principal directors/proprietors with a credit reference agency. We will monitor and record information relating to your trade credit performance and such records may be made available to other

organisations to assess applications for credit. Information will also be used for re-assessing credit worthiness and any assistance in the collection of outstanding monies.

Please tick the box if you do not wish to receive marketing information regarding this company []