



**Credit Account Application Form**

Company Name:..... Trading Name.....

Company Registration no..... Date of Establishment.....

Registered Address:..... Invoice Address (if different).....

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Telephone Number:..... Fax. No.....

Type of Business:..... Annual Turnover.....

Credit Limit requested monthly:..... VAT Reg. No.....

State names of Directors/partners.....

Name of Person to be contacted for payment  
of account.....

Banker..... Branch.....

Bank Address.....

A/C Name.....

I/We have read and understand your terms & Conditions of sale and agree to abide by them in full. I confirm that all particulars above are correct.

**A copy of GNR Terms and conditions of sales are available on request.**

I agree that the goods remain full property of GNR until full payment is made.

Signed ..... Date.....

Print Name..... Position.....

Please attach your company letter headings to this application form.

**FINANCE CREDIT CONTROL (FOR OFFICE USE)**

Approved By..... Credit Limit/Term.....

Date..... Reference.....

Credit Cover Decision..... Decision Date.....