



**avtgroup.com**

## **CREDIT ACCOUNT APPLICATION FORM**

### **COMPANY NAME IN FULL**

(If a firm or partnership, the names of all proprietors or partners must be given in full.

If a limited company, the full name of the company and also any business name under which the account may operate must be given).

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### **REGISTERED COMPANY NUMBER**

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### **ADDRESS AT WHICH ACCOUNT WILL OPERATE**

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### **ADDRESS OF THE REGISTERED OFFICE IF A LIMITED COMPANY**

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### **IF A PARTNERSHIP OR SOLE PROPRIETOR, PLEASE GIVE HOME ADDRESS AND TELEPHONE NUMBER OF BOTH PARTNERS OR PROPRIETOR**

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### **BUSINESS TELEPHONE NUMBER**

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### **PLEASE STATE THE NATURE OF YOUR BUSINESS**

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### **HOW LONG HAVE YOU BEEN TRADING?**

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**BANKERS NAME**

**ADDRESS**

**SORT CODE**

**ACCOUNT NUMBER**

**ACCOUNT NAME**

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**MAXIMUM AMOUNT OF CREDIT REQUIRED AT ANY ONE TIME    £**

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**REFEREES**

(Names and addresses of two businesses with whom you have a credit account of comparable size, and with whom you have been trading for a minimum of three years).

**Ref 1**

**Ref 2**

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**PAYMENT TERMS ARE STRICTLY 30 DAYS NETT OF INVOICE**

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**CONTACT NAMES**

**Accounts Dept**

**Purchasing Dept**

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I/we hereby agree to adhere to the payment terms above:

**NAME**

**POSITION**

**SIGNATURE**

**DATE**

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**SPECIAL INSTRUCTIONS**

**PLEASE ENCLOSE A SAMPLE OF YOUR HEADED NOTE PAPER**

CLAIMS ARISING FROM INVOICE TO BE MADE WITHIN SEVEN DAYS FROM INVOICE DATE.

COPIES OF OUR CONDITIONS OF BUSINESS ARE AVAILABLE ON REQUEST. THESE INCLUDE CLAUSES WHICH EXCLUDE OR LIMIT THE LIABILITY OF THE COMPANY AND PROVIDE FOR AN INDEMNITY FROM THE CUSTOMER IN CERTAIN CASES.

## BLANKET AUTHORITY FOR STATUS ENQUIRY

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### Client Details

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Company/Business Name |

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Trading Style |

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Address |  
|  
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### Bank Details

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Bank Name |

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Branch |

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Sort Code | - - |

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Account Number | | | | | | | |

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Account Name |

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I/We hereby authorise my/our Bank to answer status enquiries, on accounts held by us, which relate to our trading relationship with AVT Limited, and which may be received from time to time

I/We understand that this blanket authority is for AVT Limited, and that the Bank will respond to each enquiry made on us, without reference to ourselves, until such time as cancelled by us in writing.

**Signed \*\*** \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\*\* Note - This must be signed in accordance with the mandate held by your Bank.