



**Application to open a credit account**

Date: .....

Full Company Name: .....  
.....

Invoice Address: (if different from above):.....  
.....

Tel: ..... Fax: .....

Partners/Sole Traders name and address: .....  
.....  
.....

Please note that in the case of partnerships and sole traders credit facilities will not be granted if the above section is not fully completed.

If Ltd Co Reg No: ..... VAT No: ..... No Years Trading: .....

Bankers Name & Address: .....  
.....

Account No: ..... Sort Code: .....

Credit Limit Requested per nett month: .....

Buyer: ..... email: .....

Accounts Contact: ..... email: .....

Please state which goods you will be purchasing:

Hardware..... Internal Decor/Cladding..... Both:.....

I/WE THE UNDERSIGNED HEREBY APPLY FOR THE CREDIT FACILITIES WITH MB DISTRIBUTION (CLEVELAND) LTD. I/WE GIVE CONSENT FOR MB TO APPROACH THE REFEREES SUPPLIED BY OURSELVES AND OUR BANK FOR CREDIT REFERENCES. I/WE ACCEPT THE TERMS OF TRADE AS STRICTLY NETT MONTHLY; IE PAYMENT IS DUE AT THE END OF THE FOLLOWING MONTH OF INVOICING.

TRADE REFERENCES

NAME OF COMPANY: .....

**REF 1:**

NAME: .....

ADDRESS: .....

.....

.....

TEL: ..... FAX: .....

**REF 2:**

NAME: .....

ADDRESS: .....

.....

.....

TEL: ..... FAX: .....

**REF 3:**

NAME: .....

ADDRESS: .....

.....

.....

TEL: ..... FAX: .....