

Credit Account Application

Chalon Accounts Dept: 01942 271598 finance@chalongroup.co.uk

Company Details												
Full Company Name:												
Invoice Address:							D	elivery Add (if diffe				
Postcode:								Posto	code:			
Telephone:							Teleph					
Email:								mail:				
Account email for invoic	es & statem	nents:										
Name of Proprietor, Part	ners or Mar	naging Direc	tor									
Legal Status:	(If Ltd) Company Registration No:				Number of Year			of Years Tra	ading:	VAT No:		
Combonto					·							
Contacts ———												
Bought Ledger Contact Name:					1	Tel No:	No:			Email:		
Purchasing Contact	Name:					Tel No:				Email:		
Bank Details ———												
Name of Bank:						Branch		Address:				
Sort Code:												
Accoun	it Number:											
Trade References -												
Trade Reference #1								Trade Refe	erence #2			
Reference Name:									rence Nam	e:		
Address:									Addres	s:		
Postcode:									Postcod	e:		
Telephone:									Telephone	e:		
Email:									Ema	il:		
A	. 0. 0. 111	•										
Acceptance of Terms confirm that I have read, nonth following month of rocessed. New accounts	understood f invoice). El	d and accept ectronic pay	ment only	(Payments	by chec	ue can	not b	e accepted)				
	Authorised Signature:											

Date: