

# Account Application

Form: G/ACC/001

Please use the form below to request a credit account with bright\*. Fill in the form and return to our offices. If you have any questions please do not hesitate to contact us. We look forward to working with your organisation in the near future. \*\*Note; by filling in this form you are agreeing to bright\* undertaking a third party credit assessment.

## 1 – Account Details

NAME	
POSITION	
COMPANY	
ADDRESS #1	
ADDRESS #2	
POSTCODE	
COUNTY	
COUNTRY	
TEL.	
FAX	
E-MAIL	
WEBSITE	

## 2 – Preferred Method of Payment

CHEQUE	BACS	OTHER	>
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## 3 – Nature of Business

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## 4 – Name and Position of Authorised Purchasers

1	
2	
2	

## 5 – Company Registration (Ltd Companies only)

LIMITED COMPANY?	YES	NO
COMPANY REG. NUMBER		
VAT REGISTRATION NUMBER		
REGISTERED ADDRESS	>	
>		
>		
>		
DIRECTORS NAMES & ADDRESS	>	
>		
>		
>		

## 6 – Names of Proprietors / Partners (Non. Ltd. Companies)

>
>
>

## 7 – Accounts Enquiries

NAME	
TEL.	
E-MAIL	

## 8 – Trade References

#1 NAME	
COMPANY	
TEL.	
E-MAIL	
#2 NAME	
COMPANY	
TEL.	
E-MAIL	

## 9 – Financial References

BANK	
ACC #	
SORT CODE	

## 10 – Credit Limit Requested

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## 11 – Authorisation

SIGNATURE	
DATE	
PRINT NAME	>

## OFFICE USE ONLY

STATUS	
LIMIT	
MANAGER	
DATE	

