

# CREDIT ACCOUNT APPLICATION FORM

Please complete the form below and return it to the address at the bottom of this page.

Company Name			
Full Address including Postcode			
Telephone		Fax	
Email Address			
Company Reg. No.			
F-Gas Reg. No.			
Directors & Partners Full Names			
Account Contact			
Credit Limit Requested			
Bank Name			
Full Address of Bank including Postcode			
Telephone		Fax	
Account No		Sort Code	
1 <sup>st</sup> Trade Reference			
	Fax No:		Tel No:
2 <sup>nd</sup> Trade Reference			
	Fax No:		Tel No:

Applicant Declaration	We hereby apply for a credit account with AUK Distribution Ltd and agree to the terms and conditions. We authorise our bankers as listed above to provide a reference to AUK Distribution Ltd upon request.		
Signatory Name		Signature	
Position		Date	

This document and all of the information contained within will be classed as private and confidential and will not be disclosed to any third parties.

Office Use Only	Limit Given: £	Auth. By:	Date:
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AUK Distribution Ltd.  
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NE28 9NZ

Tel.: 0191 2804050  
Web: [www.aukdistribution.com](http://www.aukdistribution.com)