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Application for Credit Facilities Form

Please note: Your first order will be on a Pro-Forma basis and until this form has been completed and your application approved, all transactions must be strictly

CASH WITH YOUR ORDER

(PLEASE WRITE CLEARLY & IN BLOCK CAPITALS)

FULL TRADING NAME:
ADDRESS:
POSTCODE:

TELEPHONE No:	EMAIL ADDRESS:
REGISTERED OFFICE (If different than above):	

No of years trading:	
VAT No:	Company Registration No:

ACCOUNTS PAYABLE CONTACT NAME, TELEPHONE No & EMAIL:	
AMOUNT OF CREDIT YOU REQUIRE PER MONTH: £	
BANK NAME & BRANCH :	
SORT CODE:	ACCOUNT No:

PLEASE SUPPLY TWO TRADE REFERENCES
(PLEASE SUPPLY THE COMPANY'S EMAIL ADDRESS)

1.	2.
EMAIL:	EMAIL:
In applying for credit facilities, we agree to accept the trading terms which are strictly 30 days from end of month in which goods are delivered / invoiced. All invoice / delivery queries must be notified within 7 days upon receipt, to avoid rejection of such claims.	
SIGNED:	PRINT NAME:
POSITION HELD:	DATE:

****This form must be signed by a Company Director / Financial Director or Accountant of the company ****

ALL INVOICES AND STATEMENTS WILL BE SENT BY EMAIL UNLESS OTHERWISE INFORMED