



CREDIT ACCOUNT APPLICATION FORM

{We would like to open an account with Sinclair & Rush Ltd}

CO. REGISTRATION NO: _____ Date Established _____

COMPANY NAME: _____

TRADING NAME, if applicable _____

ADDRESS, incl. Post code & country: _____

VAT/TVA Number: _____ Annual Turnover _____

TELEPHONE: _____ FAX: _____

PERSON RESPONSIBLE FOR PAYING THE SINCLAIR & RUSH INVOICES:-

Name (please print) _____

Email address _____

Signature: _____ Date _____

Customer Estimated Annual Spend £.....

(minimum annual spend for credit terms is £2000/€2000)

*****WE DO / DO NOT REQUIRE MONTHLY STATEMENTS*****

(delete as req'd)

Please note if required, we will phone you for additional information – FOR S&R USE ONLY

SALES EXECUTIVE: _____ DATE: _____

DIVISION: _____ ENQ SOURCE: _____

ACCT NO: _____ LIMIT: _____ TERMS: _____

Date Submitted _____ APPROVED: _____ Date: _____