



Simon Safety

TOTAL HEAD TO TOE PROTECTION

Unit 73 Honeyborough Business Park
Neyland, Milford Haven
Pembrokeshire, SA73 1SE



Tel : 01646 600750 Fax : 01646 602299 Email : admin@simon-safety.co.uk

CREDIT APPROVAL REQUEST (Subject to the Terms of the Agreement)

Company Name:

Full Address:

.....

.....

Post Code:

Buyers Contact Name:

Accounts Contact Name:.....

Buyers Telephone Number:

Accounts Telephone Number:.....

Buyers Fax Number:

Accounts Fax Number:.....

Buyers Email:.....

Accounts Email:.....

Website Address:.....

Co. Registration Number:

VAT Registration Number.....

Nature of Business:

Full Name(s) and Address(es) of Proprietor(s) if Debtor is Not a Limited Company:

1)

2)

.....

.....

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The Expected Maximum Amount of Credit Required Is:
(Weekly/ Monthly/ Overall - Please Delete as Appropriate)

£

I/ We note your credit terms regarding the Conditions of Sale and agree to pay in accordance therewith for any goods/ services supplied by you.

viz. 30 days from the Date of Invoice

Do you wish to receive correspondence, i.e. invoices / statements electronically?

Yes No

Please Indicate Your Preferred Format:

Email

Fax

Please Supply the Following Information:

Bankers Details:

Name of Bank:

Full Bank Address:

.....

Account Number:

Sort Code:.....

Two Independent Trade References: (Please use two locally based companies.

application may be delayed if you use national companies, e.g Jewson Builders Merchants)

1) Name:

2) Name:

Address:

Address:

.....

.....

.....

.....

Telephone No:

Telephone No:

Fax No:.....

Fax No:.....

(N.B Trade References should be able to speak for a figure comparable to that stated above)

SIGNED:

POSITION:

Date of application:

WEB