



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company Name:			
Website:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	County:	Post Code:	
Years Trading:		Date Of Incorporation:	
Sole proprietorship:	Partnership:	Limited:	Other:
Incorporation Number:		VAT Number:	

BUSINESS AND CREDIT INFORMATION

Primary business address:		
City:	County:	Post Code:
How long at current address:		
Telephone:	Fax:	E-mail:
Bank / Building Society Name:		
Bank Address:		Phone:
City:	County:	Post Code:
Sort Code:	Account Number:	
Account Holder/s:		

BUSINESS/TRADE REFERENCES

Company Name:		
Address:		
City:	County:	Post Code:
Phone:	Fax:	E-mail:
Type of Account:		
Company Name:		
Address:		
City:	County:	Post Code:
Phone:	Fax:	E-mail:

ACCOUNT TYPE

Credit Account	Yes/No	Cash Account Only	Yes/No
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RETURN TO

Please return applications via email to accounts@flashcomputers.co.uk, or post to:-
Office 4, Union Works, Leathley Road, Leeds LS10 1BG Company No: 6925868 - Vat Number: 972154612

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice unless otherwise stated and agreed.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you agree to our terms and conditions which are located on our website.
4. This form must only be signed by an authorised member of staff.

SIGNATURE	OFFICE USE ONLY
Sign:	Authorised by:
Print:	Date:
Position:	Account Number:
Date:	Credit Limited: