

## Ship-Shape Products Ltd. Credit Account Application Form

<b>Tel 020 8686 2420</b>		<b>Company Details</b>		<b>Fax 020 8681 1026</b>	
Company Name		Holding Name			
Trading Address		Telephone			
		Fax			
		E-mail			
		Website			
		Primary Contact			
PostCode		Other Contact			
Registered Address		Telephone			
		Fax			
		E-mail			
		Primary Contact			
PostCode		Other Contact			
Delivery Address		Telephone			
		Fax			
		E-mail			
		Primary Contact			
PostCode		Other Contact			
Company Reg. No		VAT No.			
Company Type (Ltd.Etc)		Year Formed			
Director Name		Director Name			
Director Name		Director Name			
<b>Trade References</b>					
Trade Reference		Trade Reference			
Address		Address			
PostCode		PostCode			
Telephone		Telephone			
Fax		Fax			
E-Mail		E-Mail			
<b>Bank Details</b>					
Bank Name		Sort Code			
Address		Account No			
PostCode					
Telephone					
Fax					
E-Mail					
<b>Credit &amp; Authorised Purchasers</b>					
Credit Limit Required		Purchaser Name 1			
Request for extra terms					
Standard Credit Terms		14 Days From Date of Invoice		Purchaser Name 2	
<b>Signature of Applicant</b>					
I agree to the Terms & Conditions of Payment and all Other Trading Terms of Ship-Shape Products Ltd.					
Print Name		Date			
Signature		Position			

Please Complete and return Signed Form by Post to our address 15,The Swift Centre 41,Imperial Way Croydon CR0 4RR