Brian Gow Roofing Supplies
Unit 1, Nash Lane, Scaynes Hill, Haywards Heath, West Sussex RH17 7NJ
Telephone 01444 831122

Application For Credit Account

Full name _____
Trading Name (if different) _____
Address _____
_____
_____

Telephone _____ Fax _____
Mobile _____
Name of person responsible for payment of your accounts
_____

Legal Status
- Sole Trader ☐
- Limited Company ☐
- Partnership ☐
- Other ☐
  State _____

Length of time in business _____ years

Average Monthly Credit Required £_____

Please give names of Partners/Directors including addresses if Partnership
_____
_____
_____
_____

Name and Address of Bank _____
_____
_____

Please give details of three suppliers of building materials with whom you have credit accounts

1. _____
   _____
   _____
2. _____
   _____
   _____
3. _____
   _____
   _____

Out trading terms requires payment of invoices by the last day of the month following the date of the invoice (e.g. Invoice dated 17th December to be paid by 31st January)

I wish to open a credit account and agree to abide by the payment terms detailed above.

Signed (Director or Partners)_____
Print Name _____

Please supply a copy of your letter heading