



CREDIT ACCOUNT APPLICATION FORM

FULL COMPANY NAME:

FULLCOMPANYADDRESS:

POSTCODE:

TELEPHONE NUMBER (Accounts Dept).....

FAX NUMBER.....

EMAIL ADDRESS.....

TRADING STYLE OF BUSINESS..... (eg: Limited, Partnership, Sole Trader)

IF LIMITED GIVE

REGISTERED OFFICE:

REGISTRATION NO.:

DATE INCORPORATED:

IF SOLE TRADER OR PARTNERSHIP GIVE

NAME OF FIRST PARTNER:

ADDRESS:

POSTCODE:

NAME OF SECOND PARTNER:

ADDRESS:

POST CODE:

DATE BUSINESS ESTABLISHED:

REFERENCES

BANK NAME & ADDRESS

ACCOUNT NUMBER.....

1ST TRADE REFERENCE NAME & ADDRESS

2ND TRADE REFERENCE NAME & ADDRESS

CREDIT LIMIT REQUIRED £

I/we wish to apply for a Credit Account with ODM and hereby authorise you to contact the references given above.

Signed..... Print Name..... Date.....



PRIVATE & CONFIDENTIAL

The Manager: Bank

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We have made an application to ODM (UK) Ltd, of 235-237 Hangleton Road, Hove, BN3 7LR for a credit account and hereby authorise you to submit information to them regarding your opinion on our credit worthiness.

Signed:

Name:

Position: