

Credit Application Form

Account Name:		(Please specify the name you want the account to be in)
Postal Address:		
Tel/Fax	Contact Name	Email
Vat No (if applicat	ole) Registered Number	
Bank Details:		
Name of Bank		
Address		
Please state maximum credit required €		
DECLARATION BY CREDIT APPLICANT		
Credit Term Agreed: 30 Days I hereby agree and commit to the above stated Credit Terms and to the payment of all accounts due to Creative Concrete under the terms and conditions of EU Directive 2000/35/EC (Combating Late Payments in Commercial Transactions) which states that penalty interest will become payable if payments are not met within the agreed credit term indicated above.		
Signed:	Date:	
Name: (Please Print name clearly)		
PAYMENT TERMS: On or before the last day of the month following the month of transaction.		
Details of two of your usual Suppliers who may be contacted for a credit reference: -		
Name:		Name:
Address:		Address:
Contact:		Contact:
Tel:		Tel: