CREDIT APPLICATION FORM

CHADWICK TEAMWEAR

CHADWICK TEXTILES Credit Application

Please fill in and email to admin@chadwicktextiles.co.uk

COMPANY Information

FULL COMPANY NAME (For Invoice Purposes):			COMP REG:
HAVE YOU BEEN OR ARE YOU ASSOCIATED WITH ANY OTHER COMPANY NAME / BRANDS: YES / NO IF YES PLEASE PROVIDE DETAILS:			
LTD COMPANY: YES / NO	UKIMS NO:	VAT REG:	EORI No:
REGISTERED ADDRESS:			
TOWN:	COUNTY:		COUNTRY:
POST CODE:	TELEPHONE:		FAX:
BILLING/DELIVERY ADDRESS:			
TOWN:	COUNTY:		COUNTRY:
POST CODE:	TELEPHONE:		FAX:
TYPE OF BUSINESS:		APPROX NUMBER OF STAFF:	
APPROX ANNUAL T/O:		PERIOD ESTABLISHED YRS/MTHS:	

BANK INFORMATION

BANK NAME:	ACCOUNT NAME:
ADDRESS: ACCOUNT:	CURRENCY: SORT CODE:
MONTHLY CREDIT LIMIT REQUIRED:	ACCOUNT OPENED:

SALES CONTACT INFORMATION

CONTACT NAME:	POSITION:	
TELEPHONE:	MOBILE:	EMAIL:
WEB ADDRESS:		

ACCOUNTS CONTACT INFORMATION

CONTACT NAME:	POSITION:	
TELEPHONE:	MOBILE:	EMAIL:

TRADE REFERENCES

COMPANY:	CONTACT:	POSITION:
TELEPHONE:	EMAIL:	
COMPANY:	CONTACT:	POSITION:
TELEPHONE:	EMAIL:	

MARKETING PREFERENCES

Please tick the box if you are happy to receive your invoices and statements by email. They will be sent to the accounts email address above

MARKETING PREFERENCES: receive important SMS updates ☐

email UPDATES: oFFERS ☐ NEW PRODUCTS ☐ SOCIAL MEDIA: LINKEDIN ☐ FACEBOOK ☐ INSTAGRAM ☐

SIGNATURE

I/We confirm that the information given is correct and that we are in receipt of the general "Terms and Conditions of Sale" Chadwick Textiles Ltd.

Signed for and on Behalf of (authorised Signatory Only): _____

Print Name: _____

Position: _____ **Date: _____**

PAYMENT TERMS: 30 DAYS FROM DATE OF INVOICE