



## APPLICATION FOR A CREDIT ACCOUNT

Please enclose a Company Letterhead with this completed form.

### COMPANY DETAILS

COMPANY NAME:	
COMPANY ADDRESS:	
TELEPHONE:	
FAX:	
EMAIL:	
CONTACT NAME:	

NATURE OF BUSINESS:	
COMPANY REGISTRATION NO.:	
LENGTH OF TIME IN BUSINESS:	
VAT NUMBER:	
ACCOUNTS CONTACT NAME:	
ACCOUNTS TELEPHONE:	
ACCOUNTS ADDRESS: (If different from above)	

NAME OF PRINCIPAL(S) / PARTNER(S) / OWNER(S):	
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Have any of the persons named above been associated with a company or partnership which has gone into a receivership or liquidation, or been declared bankrupt?

☐ YES

☐ NO

Credit Required Maximum Monthly Amount:	
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### REFERENCES

#### TRADE REFERENCE 1

NAME:	
ADDRESS:	
TELEPHONE:	
FAX:	
EMAIL:	
ACCOUNT NO.:	

#### TRADE REFERENCE 2

NAME:	
ADDRESS:	
TELEPHONE:	
FAX:	
EMAIL:	
ACCOUNT NO.:	



## BANK DETAILS

NAME:	
ADDRESS:	
POSTCODE:	

ACCOUNT NAME:	
SORT CODE:	
ACCOUNT NO.:	

For our terms and conditions please see [nicontrols.com/termsandconditions](http://nicontrols.com/termsandconditions).

I/We declare that the above information to be correct and agree to your standard trading conditions, should a credit facility be arranged.

I/We agree to the payment terms of 30 days net monthly.

I am duly authorised by the above company to sign this application.

NAME:	
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DATE:	
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SIGNATURE:	
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POSITION IN COMPANY:	
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Please tell us how you heard about our company.

OUR REPRESENTATIVE- Please state whom:	
RECOMMENDATION- Please state whom:	
ADVERTISEMENT- Please state which	
INTERNET SEARCH:	

## INTERNAL USE ONLY

Customer Passed for Credit:			
Account Requested by:		Credit Rating:	
Maximum Credit Required:		Maximum Credit Given:	
Account Number:			
Signed on Behalf of NI:		Date:	