



80-82 Station Road
Brize Norton
Oxon
OX18 3QB

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info@aktimms.co.uk

CREDIT ACCOUNT APPLICATION - **SOLE TRADER OR PARTNERSHIP**

FULL NAME	_____
ADDRESS	_____ _____ _____
TEL NUMBER	_____
E-MAIL ADDRESS	_____
Would you prefer to receive your invoices by email or post?	_____
CHANGE OF ADDRESS IF WITHIN THREE YEARS	_____ _____ _____
TRADING NAME OF BUSINESS	_____
PREVIOUS TRADING NAME	_____
DESCRIPTION OF BUSINESS	_____
BUSINESS ADDRESS IF DIFFERENT FROM ABOVE	_____ _____ _____
TELEPHONE NUMBER	_____
FAX NUMBER	_____
CREDIT LIMIT REQUIRED	£ _____

NAME & ADDRESS OF TRADING REFEREE
_____ _____
TEL NUMBER _____

NAME & ADDRESS OF TRADING REFEREE
_____ _____
TEL NUMBER _____

HAS ANY OF THE NAMED INDIVIDUALS ANY CRIMINAL CONVICTIONS INVOLVING FRAUD OR DISHONESTY, ANY INVOLVEMENT IN ANY BUSINESS WHICH HAS FAILED DUE TO INSOLVENCY, OR ANY COUNTY COURT JUDGEMENTS WITHIN THE LAST FIVE YEARS. YES/NO
IF YES, LIST ON A SEPARATE SHEET

I WISH TO APPLY FOR AN ACCOUNT WITH A.K. TIMMS & SONS LTD
I UNDERTAKE TO ABIDE BY THE COMPANY'S CONDITIONS OF PAYMENT AND SALE
ACCOUNTS ARE DUE FOR PAYMENT AT THE END OF THE MONTH FOLLOWING DESPATCH

SIGNATURE OF APPLICANT	Date
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