



CREDIT ACCOUNT APPLICATION

Full Trading Name..... Limited/Partnership/Sole Trader (please circle one) Full Address.....Post Code..... Telephone No..... Fax..... Please attach Company Letterhead.	Company Registration No..... VAT No..... Managing Director's Name..... Reg. Office.....Post Code..... E-mail.....
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Sole Trader or Partnership please complete the following: If a limited company, please supply a Director's name

Sole Trader/Partner No.1/Director	Partner No.2 (If more than 2 partners please submit separate sheet)
Full Name.....	Full Name.....
DOB.....	DOB.....
Home Address.....	Home Address.....
.....Post Code.....Post Code.....
Telephone No.....	Telephone No.....

Date Business Established..... Type of Business..... Payments Contact..... Telephone No..... 2nd Payments contact.....	Bank Details.....Bank Full Address.....Post Code..... A/C No.....Sort Code..... Name of Account.....
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Trade References	
Full Name.....	Full Name.....
Full Address.....	Full Address.....
.....Post Code.....Post Code.....
Telephone No.....	Telephone No.....
Fax.....	Fax.....
Contact.....	Contact.....

Please accept this form as my/our application for a credit account. I/We agree to abide by SYBS Group Terms & Conditions of sale (copy available upon request). Signed..... Print Name.....	Maximum Amount of £..... monthly credit required Position..... Date.....
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* I understand that you may authorise a search through credit reference agencies, which will keep a record of that search and may share that information with other businesses. It/they may also make enquiries about the directors/partners as applicable

Sheffield Branch & Head Office
 283-285 Shoreham Street
 Sheffield
 S1 4SS
 UK

Leeds Branch
 Unit 3 Tainton Park
 Gelderd Road
 Leeds, LS12 6HD

Liverpool Branch
 Unit 22 Sandon Way
 The Sandon Estate
 Liverpool