



Renaissance Mouldings Ltd
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CREDIT ACCOUNT APPLICATION

BLOCK CAPITALS please

PROPRIETOR'S FULL NAME & TITLE*
 If limited company, full name of Director(s)

Mr/Mrs/Ms/Miss/Other	First Name	Initials	Last Name

COMPANY NAME

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TRADING NAME If different from above

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ADDRESS

Address1	
Address2	
Town	
County	
Postcode	
Tel No	
Fax No	
Email	
Web	

DELIVERY ADDRESS If different from opposite

Company	
Address1	
Address2	
Town	
County	
Postcode	
Tel No	
Fax No	
Email	

HOME ADDRESS If private company

Address	
Address	
Town	
County	
Postcode	
Tel No	
Fax No	
Email	

BANK DETAILS

A/C Name	
Address	
Town	
County	
Postcode	
Tel No	
Fax No	
Account No	

TRADE REFERENCE 1

Company	
Address	
Town	
County	
Postcode	
Tel No	
Fax No	
Email	
Account No	

TRADE REFERENCE 2

Company	
Address	
Town	
County	
Postcode	
Tel No	
Fax No	
Email	
Account No	

TRADING HOURS*

Hours of Opening	Day/s Closed

AVERAGE CREDIT REQUIRED PER MONTH

£

DECLARATION BY CREDIT APPLICANT

I/We hereby request you to open a credit account.
 I/We, being the authorised officer(s) of this business, do agree that payment of all accounts will be received by you (our supplier) within your stated credit terms of **30 days**.
 I/We appreciate that adherence to this obligation is the essence of the contract between us.

Signed:		Name:		(Block Capitals)	Date:	
Signed:		Name:		(Block Capitals)	Date:	

* Please continue overleaf if further space is required.

