

TALLYINDEX LIMITED**Credit Account Application**

Full Trading Name:

Nature of Business:

Legal Entity:

Tel No:

Fax No:

Established (No. of Years):

Invoice Address:

Registered Office:

Contact Name:

Company Registration No:

E-Mail address:

Vat Registration No:

Sole Trader/Partner 1/Director 1**Partner 2/Director 2**

Full Name:

Full Name:

Home Address:

Home Address:

Bank Reference**Trade Reference 1****Trade Reference 2**

Institution Name:

Company Name:

Company Name:

Contact Name:

Contact Name:

Contact Name:

Address:

Address:

Address:

Telephone No:

Telephone No:

Telephone No:

Duration of
Relationship:

A/C Open Since:

A/C Open Since:

Credit Limit:

Credit Limit:

Expected Monthly Sales: £

Max Amount of Credit Required: £

Agreement to the Company's Terms and Conditions of Sale

1. I have read and understood the Company's Terms and conditions for the Supply of Services as published at www.assured-inventories.co.uk and agree to abide by them.
2. I am aware that the Company must be notified of any discrepancies or queries as follows:
 - Invoice queries – within 5 working days of receipt
 - Service complaints – within 14 days of service delivery
3. I confirm acceptance of the Company payment terms of 30 days from date of invoice
4. I give my consent to a credit search being made on me as owner/partner or director of this organisation both now & at any future date. I understand this search will be recorded by the agency & may be disclosed to subsequent enquirers. (To be signed by an officer of the company or employee authorised to agree such matters.)

Signed:

Print Name:

Date:

Position:

Please Complete Above & Fax to 01442 800321 or email to accounts@tallyindex.co.uk

Credit Limit: £

Authorised by:

Customer Advised: