



Office Use Only

Apprvd By:	Apprvd Credit Lmt:	Bank ref? Y/N	A/C No:
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APPLICATION FOR CREDIT ACCOUNT

*(Please complete form **IN FULL** to enable your account to be opened promptly)*

Where did you hear of Star Demolition? <input type="checkbox"/> Trade Publication <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Local/ National Press <input type="checkbox"/> Other - please state: ò ò ò ò ò ò ò ò .. Would you like a copy of our current company literature? YES <input type="checkbox"/> NO <input type="checkbox"/>		Nature of Business: 	
Full Name/Company Trading Title: Please supply a copy of your letterhead			
Address for Correspondence (invoices etc.): 		Tel No: Fax No: Email address: Company Reg. No: (necessary for reference purposes)	
Registered Office (if different from above):		Name & Address of Bankers: 	
If not a limited company please give name & address of proprietor(s):		Account Manager (if known): Account Name: Account No: Sort Code:	
Trade References: Name: Address: Tel No: Fax No:	<small>Office Use Only</small> 	Name: Address: Tel No: Fax No:	<small>Office Use Only</small>
Total Credit Limit Required: £		Order Nos. Required? YES/NO	
Consent/Declaration ***Please ensure form is signed by signatory on bank mandate.*** I/We consent to the Bank (detailed above) providing a reference on me/us to Star Demolition. Should a credit account be granted, I/We agree to adhere to your terms of trading (a copy of which is available from the accounts office address detailed below). Signed: _____ Print Name: _____ Position: _____		<p style="text-align: center;">***IMPORTANT NOTICE*** RE: INSURANCE</p> <p>Please confirm you have adequate insurance cover by enclosing with this application a copy of either your insurance certificate or a letter from your insurers detailing your policy.</p> <hr/> Date of Signing: _____	