

Triton Access (a division of triton hardware ltd)
Tel: 08432 896429 Fax: 08432 896428
APPLICATION FOR CREDIT ACCOUNT

Account Payable Name: Company Name: Address:

TELEPHONE N°: FAX N°:	COMPANY REG N°:
--	------------------------

If not a limited company then please list the name(s) of Partnership/proprietors and address:

--

How long have you been trading?

Credit Limit applied for: £

Name and address of bankers:	
Account Number:	Sort Code:

Name and address of two trade references:

Contact name: Company: Address: Tel: Fax:	Contact name: Company: Address: Tel: Fax:
--	--

PLEASE NOTE WHEN RETURNING YOUR FORM PLEASE INCLUDE A COPY OF YOUR LETTERHEAD

Please read and sign the statement below:

I/we certify that we agree to accept the terms as set down by Triton Hardware Limited, and confirm that payment of all invoices will be made within 30 days from date of invoice.

Name in Capitals: _____ Position: _____

Signature _____ DATE: _____