



# Credit Account Proposal

Warwick House  
Houghton Hall Park  
Houghton Regis  
Dunstable LU5 5ZX  
Telephone: 01582 539000  
Fax: 01582 539090

Please complete this form and return to the credit controller at the above address. Until this application has been approved and confirmed in writing by NICEIC Group, all transactions must be strictly on a 'cash with order' basis.

Please note our payment terms are 30 days. See terms and conditions attached

Company or Trading Name: \_\_\_\_\_

Main Trading Address: \_\_\_\_\_

Registration Number: \_\_\_\_\_

V.A.T. Number: \_\_\_\_\_

Registered Office: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Postcode: \_\_\_\_\_

Name of Directors if a limited company or  
Proprietor/Partner if a firm

Bank Name and Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Sort Code: \_\_\_\_\_

Account Number: \_\_\_\_\_

Please give three current trade references

1) \_\_\_\_\_

2) \_\_\_\_\_

Tel No: \_\_\_\_\_

Tel No: \_\_\_\_\_

Fax No: \_\_\_\_\_

Fax No: \_\_\_\_\_

3) \_\_\_\_\_

If a subsidiary of another company please give: Name, Address and Telephone  
No. of parent company

Tel No: \_\_\_\_\_

Tel No: \_\_\_\_\_

Fax No: \_\_\_\_\_

Signed: \_\_\_\_\_

Please note we require written purchase orders before  
processing with any job.

Name in Capitals: \_\_\_\_\_

Estimate monthly account required: \_\_\_\_\_

Position/Authority: \_\_\_\_\_

Date: \_\_\_\_\_