

APPLICATION FOR 30 DAY CREDIT ACCOUNT CGS STORES LTD

PLEASE COMPLETE IN FULL AND EMAIL TO SALES@CGSSTORES.CO.UK

CUSTOMER DETAILS	
Company Name:	
Trading Address Line 1:	
Trading Address Line 2:	
Trading Address Postcode:	
Type of Company:	☐ Limited Company ☐ Sole Trader ☐ Partnership ☐ LLP ☐ PLC ☐ Government Body
Company Reg Number:	
VAT Registration Number:	
Registered Office Address Line 1: (if different from trading address)	
Registered Office Address Line 2: (if different from trading address)	
Registered Office Postcode: (if different from trading address)	
Company Telephone:	
Company Fax:	
Company Email:	
Purchasing Contact Name:	
Purchasing Contact Email:	
Accounts Contact Name:	
Accounts Contact Email:	



TRADE REFERENCES — If you are a government body, you do not need to complete this section.		
Company Name 1:		
Contact Name:		
Address:		
Postcode:		
Telephone:		
Email:		
Company Name 2:		
Contact Name:		
Address:		
Postcode:		
Telephone:		
Email:		
BANK DETAILS		
Bank name:		
Branch Address Line 1:		
Branch Address Line 2:		
Branch Address Postcode:		
Account number:		
Sort code:		



ACCOUNT LIMIT		
I/We request you open a Credit		
Account in the name of:		
Monthly Credit Required (£): 30 days net		
TERMS		
I hereby authorise CGS Stores Ltd to obtain references from the above, as and when appropriate. I agree to abide by the Terms & Conditions as set out by CGS Stores Ltd which can be found on any of their websites.		
I agree that all invoices are to be paid strictly within 30 days (net 30), following the date of the invoice.		
I accept that all goods supplied to us will remain property of CGS Stores Ltd until all amounts outstanding from the invoice have been paid in full to CGS Stores Ltd.		
First orders are always subject to payment on pro-forma.		
Signed:		
Print Name:		
Position:		
Date:		