



Application to Open Credit Account

PLEASE COMPLETE ALL DETAILS IN BLOCK CAPITALS & RETURN TO:-
 CHRISTIE & GREY LTD - MORLEY ROAD, TONBRIDGE, KENT, TN91RA.
 TELEPHONE 01732 371100: FAX 01732 359666: E-mail Sales@christiegrey.com

QCF 87
 Issue 6
 Page 1 of 1

Q1	Company Trading Name		
Company Address for Invoicing:		If Limited or Public Limited, Address of Registered Office	
Telephone No:		V.A.T Registration No	
Fax No		Federal ID No	
Purchase Ledger E-mail		Dun & Bradstreet No	
Company Registration No		Annual Turnover	
Year of Incorporation		Number of Employees	

Q2	If Partnership Full Names & Private Addresses of All Partners		Q3	Your Bankers Name & Address
1 st Partner		2 nd Partner		
Year of Commencement		Year of Commencement		

Q4	Three trade references <i>(without 3 trade references your application may not be processed)</i>					
1		2		3		
Telephone		Telephone		Telephone		
Fax No		Fax No		Fax No		
E-mail		E-mail		E-mail		

Q5	State Maximum Monthly Credit Requirement	Q6	Name of Managing Director or Senior Partner	Q7	Name of Person Responsible for Payments of Account

DECLARATION
 I/WE HEREBY REQUEST THAT YOU OPEN A CREDIT ACCOUNT FOR THE ABOVE NAMED COMPANY.
 I/WE UNDERSTAND THAT ALL ACCOUNTS ARE TO BE SETTLED WITHIN 30 DAYS FROM END OF MONTH OF INVOICE, IN ACCORDANCE WITH CHRISTIE & GREY LIMITED STANDARD TERMS & CONDITIONS OF SALE.
 CREDIT FACILITIES WILL BE AUTOMATICALLY WITHDRAWN IN THE EVENT OF LATE PAYMENT OF ACCOUNTS.

SIGNED		NAME	
POSITION		DATE	

For Christie & Grey Use Only		
Credit Account Approved / Declined (delete as appropriate)	Signed:	Date: