

FOR THE IMMEDIATE ATTENTION OF THE ACCOUNTS DEPARTMENT,
EASTERN BOX COMPANY ON FAX 01507 610510

CREDIT ACCOUNT APPROVAL REQUEST FORM

Please complete in block capitals and return within 24hours

COMPANY NAME: _____ COMPANY REG NO: _____
TRADING ADDRESS: _____

NAME & ADDRESS OF YOUR BANKERS: _____

CURRENT TRADE REFERENCE #1

NAME: _____

ADDRESS: _____

CONTACT NAME: _____ TEL: _____ FAX: _____

CURRENT TRADE REFERENCE #2

NAME: _____

ADDRESS: _____

CONTACT NAME: _____ TEL: _____ FAX: _____

✓ If you are a partnership or Sole Trader, please also complete the above.

✓ Please advise if you intend to pay by B.A.C.S.

THE ABOVE FORM WAS COMPLETED BY: _____

POSITION IN YOUR COMPANY: _____

USUAL SIGNATURE: _____

Thank you for your help and co-operation

Antony Ball (Commercial Manager)