



RYALLS LTD

RETURN TO: UNIT 1
PARK ROAD CENTRE
PARK ROAD
MALMESBURY
WILTSHIRE
SN16 0BX
01666 825 198



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title		Date business commenced	
Company name		Sole Proprietor	
Phone Fax		Partnership	
E-mail		Limited Company	
Company address City, postcode		Other	

DIRECTORS/PROPIETORS FULL NAME(S) AND ADDRESS

Name(s)			
Current Address			
Phone			
Fax			
E-mail			

BANKING INFORMATION

Bank name		Phone	
Address		Fax	
Post Code		E-mail	
Type of account		Other	

AGREEMENT

- All invoices are to be paid by the last working day of each month following the month of delivery/collection.
 - Claims arising from invoices must be made within seven working days.
- By submitting this application, you authorize to make inquiries into the banking and business/trade references that you have supplied.
- THIS FORM IS TO BE SIGNED BY DIRECTOR(S), COMPANY SECRETARY, PARTNER(S) OR PROPRIETOR OF THE BUSINESS (NB. IN THE CASE OF PARTNERS, THE SIGNATURES OF ALL PARTNERS ARE REQUIRED).**

SIGNATURES

Signature		Signature	
Date		Date	