

Fax to: 01606 331885

Post to:  
Unit 2, Heron Court,  
Denton Drive, Northwich,  
Cheshire, CW9 7LU



## Credit Application Form

### Company details:

Company Name		Main Phone/ Switchboard	
Main Contact / User		Fax No	
2 <sup>nd</sup> Authorised User		Contact Phone No & Email address	
Main Accounts Contact		Contact Phone No & Email address	
Accounting / Invoice Address		Delivery Address	
Anticipated Monthly Credit Required	£	Turnover last FY	£

### Bank details:

Name of Bankers in UK	
Bank Address	
Bank Telephone Number	
Account Number	
Sort Code	

### Trade References:

Full name, address and contact details of two trade references:

Company Name 1		Company Name 2	
Address		Address	
Contact name		Contact name	
Telephone No.		Telephone No.	

**DECLARATION:** I hereby submit the above information for the sole purpose of opening a Credit Account with Adblive Ltd I acknowledge that all orders are accepted by Adblive Ltd in accordance with their [terms and conditions](#) and agree that my company shall be bound by them in all transactions. Goods shall remain the property of Adblive Ltd until paid for in full.

**PLEASE DON'T FORGET TO SIGN THE APPLICATION BEFORE RETURNING IT TO ADBLIVE LTD**

Print Name		<b>For ADBLIVE Use</b> <b>Account Number</b> <b>IND CLASS</b> <b>Credit Limit</b>	Account Manager
Signed			
Position			
Date			

