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Credit Account Application

Company Name:			
Registered Address:			
Company Registered Number:			
VAT Number (if applicable):			
Website:	Accounts Contact		
Email Address:	Name		
Phone Number:	Phone Number:		
Fax Number:	Email Address		
Monthly Credit Required:			
How would you like to receive your invoices?	Post <input type="checkbox"/>	Email <input type="checkbox"/>	
Email Address for invoices if applicable:			

By signing this application form you accept that: A: All information provided by you when making an application is up to date, correct, and may be relied upon by us. B: If you are signing on behalf of a firm or company, you are an authorised representative of that organisation and are entitled to legally bind that organisation. C: We may, in our sole discretion, decline your application without reason and may amend or withdraw any credit facility we grant in accordance with the Terms and Conditions.

Signature:		Position:	
Print Name:		Date:	

FOR OFFICE USE ONLY			
Initials:		A/c Code:	
Date:		CL:	