

APPLICATION FORM

PROFORMA INVOICE CASH ON DELIVERY CREDIT ACCOUNT

Company Name:	
Trading as:	
Address:	
Postcode:	
Type of Company:	<input type="checkbox"/> Limited Company <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership
Contact Name:	
Contact Email:	
Landline Telephone:	
Mobile Telephone:	
Website:	

Delivery Address (if different from above):	
Contact Name:	
Contact Mobile No:	

Please complete both pages 1 and 2

Registered Office Address (if different from page 1):	
Registration Number:	
VAT Number:	
Directors Name:	
Directors Name:	
Amount of Credit Requested:	
Accounts Contact:	
Accounts Email:	
Accounts Telephone:	

BANK DETAILS

Bank Name:	
Branch:	
Account Number:	
Sort Code:	

I/We hereby authorise Sliders (UK) Ltd to obtain credit checks, as and when appropriate. I/We agree to abide by the Terms and Conditions as set out by Sliders (UK) Ltd, which can be viewed on our website- which include that, if a credit check is successful, all invoices are due to be paid within 30 days from the date of invoice. I/We also understand that if payments are not made to terms, credit facilities may be reduced or removed.

Signature (By Director/s if Ltd Company):	
Printed Name/s:	
Position:	
Date:	