



GLOUCESTER & CHELTENHAM

GLASS

CREDIT REQUESTED:

£

APPLICATION FOR A CREDIT ACCOUNT

GloucesterGlassTCSLtd/CreditApp/Form

Thank you for applying for a Credit Account with Gloucester Glass TCS Ltd. In order that we can operate an account for you, would you please complete this form, enclosing a LETTERHEAD and send it back to us, for the attention of "ACCOUNTS DEPARTMENT".

FULL COMPANY NAME: _____

TRADING NAME: _____

TRADING ADDRESS: _____

TEL: _____

FAX: _____

MOBILE: _____

POSTCODE: _____ EMAIL: _____

COMPANY REGISTRATION NO.: _____ DATE ESTABLISHED: _____

BUSINESS ACTIVITY: _____

PARENT/ULTIMATE HOLDING COMPANY (IF APPLICABLE): _____

IF PARTNERSHIP/PROPRIETORSHIP: NAME(S) & HOME ADDRESS DETAILS REQUIRED.

TRADE REFERENCE 1. TRADE REFERENCE 2.

TEL: _____ TEL: _____

HAVE YOU PREVIOUSLY TRADED WITH GLOUCESTER GLASS (TCS) LIMITED UNDER ANY OTHER NAME? YES/NO (IF YES, PLEASE GIVE DETAILS)

DECLARATION:

I/we declare that the above details are complete and accurate and undertake to notify Gloucester Glass TCS Ltd of any changes. I/we consent to Gloucester Glass TCS Ltd making any enquiries deemed necessary in connection with this application and that any credit facilities granted shall be at the sole discretion of Gloucester Glass TCS Ltd as to their nature, duration and extent. I/we confirm we have read and agree to the attached Terms & Conditions of Gloucester Glass TCS Ltd.

AUTHORISED SIGNATORY: _____ FULL NAME: _____

CAPACITY: _____ DATE: _____

Co. Reg. No: 10048791

Unit 8 Severnside Trading Estate, Sudmeadow Road, Hempsted, Gloucester, GL2 5HS.

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