Application for Credit Account

APPLICATION FOR CREDIT ACCOUNT	
Company Name	
Registered Address	
Company Registration Number	
Main Contact	
Main Contact Phone Number	
Main Contact Email Address	
Delivery Address	
Accounts Contact	
Accounts Phone Number	
Accounts Email Address	
Anticipated Monthly Credit	**£**

ALL PAYMENTS SHOULD BE MADE VIA BACS TO THE FOLLOWING BANK ACCOUNT:	
Name of Banker	**Nat West**
Bank Address	**28 Adare Street, Bridgend, CF31 1EN.**
Account Number	**87215462**
Sort Code	**51 – 81 – 29**

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 COTS Training. I acknowledge that all orders are accepted by COTS Training 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 COTS Training until paid for in full. Our full Terms & Conditions can be found at https://www.cotstraining.co.uk/t-c-s.

PLEASE DON'T FORGET TO SIGN THE APPLICATION BEFORE RETURNING IT TO COTS.			
Print Name		**FOR COTS USE ONLY**	
Signed		**Account Manager**	
Position		**Account Number**	
Date		**Credit Limit**	