

APPLICATION FOR CREDIT ACCOUNT

Please fill out the below and return to admin@traction-direct.com

CUSTOMER DETAILS				
Company name:				
Address:				
Postcode:				
Type of company:	☐ Limited Company	☐ Sole Trader	☐ Partnership	
Registration number:				
Registered Office Address (if different from above)				
Telephone:				
Email:				
Purchasing contact:				
Accounts contact:				
TRADE REFERENCES				
Company 1:				
Contact name:				
Address:				
Postcode:				
Telephone:				
Email:				

TRACTION Direct		1
Company 2:		

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Contact name:	
Address:	
Postcode:	
Telephone:	
Email:	
BANK DETAILS	
Bank name:	
Branch:	
Account number:	
Sort code:	
when appropriate. I agree to Company Limited which includ	narger Company Limited to obtain references from the above, as and abide by the Terms and Conditions as set out by Traction Charger le that all invoices are due to be paid within 30 days from the date of Order must be given for services rendered.
Signed:	
Printed name:	
Position:	
Date:	