

APPLICATION FOR CREDIT ACCOUNT

1.CUSTOMER DETAILS - Type of Business

What type of business are you? - tick only one of (a) to (d) below:

- Limited Company (only if the word "Limited" is in part of the business name)?
- Limited Liability Partnership (only if "LLP" appears after the business name)?
- Partnership?
- Sole Trader?

Complete only one of (a), (b), (c) or (d) below.

Name of Limited Company Trading Name of Limited Company (if different) Company Registration Number Registered Office of Company				
				fferent from Registered Office)
				Fov
Tel No	rdX			
Email Address	different from contact name above)			
Email Address Name of Directors of Company (i	different from contact name above)			
Email Address Name of Directors of Company (i	different from contact name above) p (only if "LLP" appears after the business name)			
Email Address Name of Directors of Company (i (b) Limited Liability Partnersh Registered Name of Limited Liab	different from contact name above) p (only if "LLP" appears after the business name) lity Partnership			
Email Address Name of Directors of Company (i (b) Limited Liability Partnersh Registered Name of Limited Liab Registered Address	different from contact name above) p (only if "LLP" appears after the business name) lity Partnership			
Email Address Name of Directors of Company (i (b) Limited Liability Partnersh Registered Name of Limited Liab Registered Address Trading Address	different from contact name above) p (only if "LLP" appears after the business name) lity Partnership			
Email Address Name of Directors of Company (i (b) Limited Liability Partnersh Registered Name of Limited Liab Registered Address	different from contact name above) p (only if "LLP" appears after the business name) lity Partnership Fax			

(c) Partnership		
Name of Partners		
Principal Address of Partnership		
Tel	Fax	
Email		
Name and Home Address of Partner		
Name and Home Address of Partner		
(d) Sole Trader		
Full Name		
Trading Name of Business (if different from above)		
Home Address		
Tel	Fax	
Business Trading Address		
Tel	Fax	
Email		
2 DI FACE ATTACIL A CODY OF VOLD LETTED LIFAD		
2. PLEASE ATTACH A COPY OF YOUR LETTER HEAD 3. TRADE REFERENCES		
Pof 1	Ref. 2	
Company Namo	Company Namo	
Address	Address	
Post Code	Post Code	
Tel	Tel	
Fax	Fax	
Email	Email	
PLEASE TICK PREFERRED METHOD OF RECEIVING MONTHLY STATEMENTS Post Email		
Internal Use Only Dept: Applic	ation Sent: By:	

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