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APPLICATION TO OPEN A CREDIT ACCOUNT FOR A LIMITED COMPANY

Full Company Name

[Empty text box]

Delivery Name (if different to company name)

[Empty text box]

Full Company Address

[Empty text box]

[Empty text box]

[Empty text box]

County

Postcode

Full Delivery Address

(if different to company address)

[Empty text box]

[Empty text box]

[Empty text box]

County

Postcode

Telephone Number

[Empty text box]

Fax Number

[Empty text box]

E-Mail

[Empty text box]

Company Registration Number

[Empty text box]

VAT Registration Number

[Empty text box]

Telephone Number

[Empty text box]

Fax Number

[Empty text box]

Credit Limit Required (Approx)

[Empty text box]

Rep/Dept Code

Dept 7 - Mark Boon

We apply to open an account with Cliffe Packaging Ltd. And authorize them to use the above information in order to verify the credit status of the company. Should a credit account be opened we agree to adhere to credit terms attached.

Signed.....

Print Name.....

Date.....

Position within Company.....

PLEASE FAX COMPLETED FORM TO 0845 4811210