



## Credit Account Application Request

### SECTION A (TO BE COMPLETED BY ALL APPLICANTS)

FULL TRADING TITLE:							
TRADING ADDRESS:							
INVOICE ADDRESS: <i>(If different to above)</i>							
Person Responsible for Authorising Payment:							
Telephone No:			Fax No:			Established (years)	
Amount of Credit Required: £				Initial Order Value £			
BANKERS NAME & ADDRESS:							
BANK ACCOUNT NO:			SORT CODE:				
<b>SECTION B</b> (If Sole Traders/Partnerships, not Limited company, complete below name and address of principals.)							
NAME:		ADDRESS:					
POSITION:							
TEL NO:							
NAME:		ADDRESS:					
POSITION:							
TEL NO:							
NAME:		ADDRESS:					
POSITION:							
TEL NO:							

# Marrey Tableware Limited

8 WEST PLACE, WEST ROAD  
 HARLOW, ESSEX CM20 2GY  
 Tel: 01279-444454 / Fax:01279-444487



<b>TRADE REFERENCES: (Minimum 2 Required)</b>	
NAME:	
ADDRESS:	
TEL NO:	
NAME:	
ADDRESS:	
TEL NO:	
NAME:	
ADDRESS:	
TEL NO:	
Signature:	Print Name:
Position:	Date:

<p><i>For Office Use Only</i>                  PASSED:                  DATE:                  AREA CODE:</p>
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