



INFINITI

APPLICATION TO OPEN A CREDIT ACCOUNT

CUSTOMERS NAME:.....

CUSTOMERS ADDRESS:.....

..... POST CODE:.....

SALES CONTACT:..... TEL NO:.....

ACCOUNTS CONTACT..... FAX NO:.....

NATURE OF BUSINESS.....

SUPPLIES / SERVICES REQUIRED:.....

DATE ESTABLISHED:.....

STATUS OF BUSINESS PLC PARTNERSHIP LIMITED CO. SOLE TRADER

OTHER (PLEASE STATE):.....

IF PLC OR LIMITED COMPANY, PLEASE STATE COMPANY REGISTRATION NO:.....

IF PARTNERSHIP OR SOLE TRADER, PLEASE STATE PRINCIPALS FULL NAME:.....

INVOICE / STATEMENT ADDRESS (IF DIFFERENT FROM ABOVE):.....

..... POST CODE.....

ESTIMATED CREDIT REQUIRED PER MONTH: £.....

NAME OF BANKERS:..... SORT CODE:.....

ACCOUNT NO:..... BRANCH:.....

TRADE REFERENCE 1

ADDRESS IN FULL:..... TEL NO:.....

..... POSTAL CODE:..... FAX NO:.....

TRADE REFERENCE 2

ADDRESS IN FULL:..... TEL NO:.....

..... POSTAL CODE:..... FAX NO:.....

I / We hereby apply for credit facilities with Lolbourne Limited, trading as the Infiniti Group and acknowledge the Terms & Conditions of Sale outlined herewith.

PLEASE PRINT NAME:..... POSITION.....

SIGNED:..... DATE.....

PLEASE RETURN THE COMPLETED FORM ATTACHED TO YOUR OFFICIAL COMPANY LETTERHEAD

Please return to: Accounts Department, Infiniti Group, The Infiniti Building, Oslo Road, Sutton Fields, Hull. HU7 0YN
www.infinitigroup.co.uk