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APPLICATION FOR CREDIT ACCOUNT
LIFT TURN MOVE LTD

Company Name: _____ Ltd/Plc.

Trading Name: _____ Ltd/Plc.
(if different)

Address: _____

Telephone No: _____ Fax No: _____

E-Mail: _____

Registered Office: _____
(if different than above)

Company Reg. No: _____ VAT No: _____

No of Years Trading: _____ No of Branches: _____

Credit Limit Required: _____ Per month.

Bank Details

Name & Address: _____
of Bank

Account No: _____ Sort Code: _____

APPLICATION FOR CREDIT ACCOUNT (P2).

Trade Reference No: 1

Co Name: _____ Contact: _____

Co Address: _____

Tel: _____ Fax: _____

Trade Reference No: 2

Co Name: _____ Contact: _____

Co Address: _____

Tel: _____ Fax: _____

Trade Reference No: 3

Co Name: _____ Contact: _____

Co Address: _____

Tel: _____ Fax: _____

I hereby make this application to open a credit account and understand that your credit terms are payment due promptly 30 days from invoice date unless otherwise agreed.

I acknowledge and accept your terms and conditions of sale (as attached). I also authorise our Bankers (name and address as above) to provide a credit status enquiry on the company named above.

PLEASE PRINT NAME & SIGN _____

POSITION WITHIN COMPANY _____

DATE _____