

APPLICATION FOR CREDIT ACCOUNT

Please return to our Accounts Department Sales@techworx.co.uk or fax to +44 (1902) 497444

Company Details	Tel No:
Name	Fax No:
Address	Email:
	Web:
	Company Registration No:
Postcode	Company V.A.T No:

Please tick as applicable
PLC
Limited
Partnership
Sole Trader

Parent Company (if applicable)
Name
Address
Post Code

Trade Reference 1
Name
Address
Postcode
Tel No:
Fax No:
Contact:

Trade Reference 2
Name
Address
Postcode
Tel No:
Fax No:
Contact:

Name of signatory	Accounts Contact
Position of signatory	Accounts E-mail
Credit required £	Payment terms: 30 days nett monthly

TLCC Purposes	
Credit Limit (as per credit check)	Credit Insurance Limit (if applicable)
Credit Limit Given	Signed by







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