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APPLICATION FOR A CREDIT ACCOUNT

NAME OF ACCOUNT:
LIMITED COMPANY/PARTNERSHIP/INDIVIDUAL/OTHER (PLEASE SPECIFY):
TRADING ADDRESS:
TELEPHONE NUMBER:
FAX NUMBER:
E-MAIL ADDRESS:
REGISTERED OFFICE:
COMPANY REGISTRATION No:
BANK NAME & ADDRESS:
SORT CODE:
ACCOUNT NUMBER:
TRADE REFERENCE 1:
TRADE REFERENCE 2:
NAME & ADDRESS FOR INVOICING:
NAME OF PERSON RESPONSIBLE FOR PAYMENT:
POSITION IN THE COMPANY:
TELEPHONE NUMBER:
FAX NUMBER:
EMAIL ADDRESS:
PRESENT CAR COMPANY:
CREDIT LIMIT: £

I authorise Trident-Heritage Ltd to open a credit account in the name of the above company. I understand that payment is **STRICTLY NETT 30 DAYS FROM DATE OF INVOICE**. No queries can be accepted unless notified within 7 days of receipt of invoice. I agree and accept the Company's standard conditions of trading.

SIGNATURE:

POSITION IN COMPANY:
PRINTED NAME:

If you wish to pay by BACS, our Bank for the purpose is Lloyds TSB, Sort Code 30 15 99, Account No 00 24 90 59.
Account Name: **Trident Niven** - Trading name of Trident-Heritage Limited