



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

County:

Post Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Limited:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

County:

Post Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

County:

Post Code:

Type of account

Account Number

Sort Code

IBan number

Not Required

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

County:

Post Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

County:

Post Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Fusion Services to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:
Date:

Title:
Date:

PLEASE FAX BACK TO NEW ACCOUNTS ON 0871-900-4288