

CREDIT ACCOUNT APPLICATION FORM

Customer Name: _____

Address: _____

Post Code

Phone No: _____

Fax No: _____

Email: _____

Date of Application _____

Unit 8 Caddsdwn Ind/Park
Clovelly Road, Bideford,
Devon, EX39 3DX. UK.

www.thesoapkitchen.co.uk

info@thesoapkitchen.co.uk

Tel - 01237 420872

Fax: - 0870 4586724



Please provide the following information so as we can consider your application for a trade credit account.

All trade customers apply on the understanding that our terms are strictly 30 days from invoice date. This is to ensure our prices remain competitive as many of our own suppliers impose similar terms upon their customers, including ourselves. Failure to pay due balances within this period may result in interest at 3% above the prevailing Nat West Bank base rate being incurred and further credit being suspended. Goods remain the property of The Soap Kitchen until payment is made in full. Any reference to the Soap Kitchen includes goods supplied by either The Soap Kitchen (partnership) or The Soap Kitchen Ltd (regd in England No 3947859)

Is your business SOLE TRADER PARTNERSHIP LTD COMPANY
Please tick one

If a limited company, please state the date of incorporation and company registration number: _____

How long has the business been trading: _____

Please provide the full name/s and addresses of the Directors/Partners/Proprietor, including post codes and home phone numbers: _____

Please provide the name, address and sort code for your bankers and the name and number of your principal trading account: _____

Please provide two trade references from alternate suppliers who have traded with you for at least six months: (1) _____

Post Code _____ Tel: _____ Fax: _____
(2) _____

Post Code _____ Tel: _____ Fax: _____

Signed: _____ Print: _____ (on behalf of the company/firm)