



# Matrix IT Computers Ltd

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## CREDIT ACCOUNT APPLICATION FORM

All boxes marked with an \* MUST be completed

Company Name & Invoice Address

\*

\* Post Code

Statement Address is Different

Post Code

Telephone No

\*

Fax No

Company Registration No (If Applicable)

\*  Reg Date

VAT Number

Estimated Credit Limit Required

\* £

Payment Terms (eg. 30 days form Invoice date etc ..)

\*

Office Use Only - Customer Source

No. Years Trading

Years  Months

Trading Style

Trade Reference #1

Contact  Tel:

Trade Reference #2

Contact  Tel:

Bank Details

Name :

Address:

Post Code

Bank Telephone No

Account Number

Sort Code

**ALL ORDERS ARE SUBJECT TO OUR TERMS AND CONDITIONS, WHICH ARE AVAILABLE ON OUR WEBSITE OR UPON REQUEST**

**I / We declare that the above information to be true and correct to the best of my knowledge**

Signed : \_\_\_\_\_

Name : \_\_\_\_\_

Position : \_\_\_\_\_

Date : \_\_\_\_\_