

Lakeland PAVERS®
Paving The Way

APPLICATION TO OPEN A CREDIT ACCOUNT

Principal Account Name: _____

Business Activity: _____

Address/Registered Office: _____

Tel Number: _____ Fax Number: _____

Company Number: _____

If **not** a Ltd Company, all Partners **must** complete details of Full Name and Home Address (Please use an extra sheet if space is insufficient):

Maximum amount of Monthly Credit required: £ _____

Name of person to contact in the event of a query: _____

Is your order number required on each invoice: YES / NO

Name and address of Bankers: _____

Name, Address and Telephone Numbers of two (2) companies who can be approached for Trade References.

1 _____

2 _____

Please note that our credit terms are:

Payment is due one month after the end of the month when the goods are supplied. By signing this credit application you are agreeing to our terms and conditions. Late payment may lead to price list being withdrawn and/or account closed.

Signature: _____ Position: _____

Date: _____