

Application to Open a Credit Account

I/We request you to open a credit account in the name of:

TITLE OF BOSINESS			ITPE	TIPE OF BUSINESS	
				Sole trader	
MAIN TRADING ADDRESS				Partnership	
Address:				Registered company	
			REGIS	STERED NUMBER	
Postcode:					
Tel:	Fax:		СНАП	N OF CUSTODY NO	
E-mail:			CHAI	101 6031001 110	
REGISTERED OFFICE (if different	from above)				
CREDIT LIMIT REQUESTED		NAME OF PRINCIPAL			
NB: This estimate should be based or and will be used for guidance purpos		NB: If the business is a p each partner below.	artnership giv	re name and address of	
BANK DETAILS					
Name:		Sort code:			
Address:		Account No:			
I/We note that the Forestry Commiss the month of supply of goods or prov				the month following	
I/We agree to supply a copy of the b now or in the future.	usiness' latest financial statem	ents, in confidence, to the	Forestry Com	mission if so requested	
The Forestry Commission will make a that information with other business					
PARTNERS NAME/ADDRESS					
SIGNATURE(S) (NB: If partnership,	, all partners should sign)				
POSITION			DATE		