

CREDIT ACCOUNT APPLICATION

COMPANY NAME	
ADDRESS	
CONTACT NUMBERS	
EMAIL ADDRESS (INVOICES ARE SENT ELECTRONICALLY)	
CONTACT NAME	
REG OFFICE	
REG NUMBER	
VAT NUMBER	
DATE INCORPORATED	
PROJECTED MONTHLY SPEND £/€	

DETAILS OF TWO TRADE REFERENCES

COMPANY		
ADDRESS		
TEL NUMBER		

BANK DETAILS

NAME & ADDRESS:	
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ACCOUNT NO :	SORT CODE:
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WE, THE UNDERSIGNED, ACKNOWLEDGE WE HAVE RECEIVED, UNDERSTOOD AND ACCEPT THE CONDITIONS OF CARRIAGE TOGETHER WITH THE TRADING CONDITIONS OF LANDBRIDGE LTD, AND CONFIRM WE WILL PAY OUR ACCOUNT 30 DAYS FROM DATE OF INVOICE AS AGREED.

Signed on behalf of ----- by -----

Position -----