



## Application for Credit Account Facilities

Full Trading Name	
Address	Invoice Address (if different)
Postcode	
Tel	Fax
Mobile	
Email	
Accounts Tel	Company Registration No.
Estimated monthly credit requirement	Approximate annual turnover
How long have you been trading?	

### Banker's Reference

Bank Name	
Bank Address	
Sort Code	Account No.

### Trade References

Name	Name
Address	Address
Telephone	Telephone
Contact	Contact

**Our settlement terms are net monthly, settlement being required by the end of the month following invoice date. Late settlement will incur interest charges.**

By signing the agreement, I confirm that I have read and understood the current terms and conditions printed overleaf and as published in the current catalogue.

Signature ..... Print Name .....

Date.....

# Coblans Nurseries

PLEASE COMPLETE AND RETURN THIS FORM TO THE ACCOUNTS DEPARTMENT, COBLANDS, TRENCH ROAD, TONBRIDGE, KENT TN11 9NG