



CREDIT ACCOUNT APPLICATION FORM

COUSINS MATERIAL HOUSE LTD
UNIT J, CHESHAM CLOSE, ROMFORD
ESSEX, RM7 7PJ, ENGLAND
TEL: 01708-757800
FAX: 01708-757012 / 01708-725234
www.cousinsuk.com

Company Name Trading As

Company Address
..... Postcode

Tel No Fax No

Email Website

Proprietor's Name(s)

Director's Name(s)

Sole Trader	Tick
Partnership	
Public Ltd Co	
Private Ltd Co	
Government Body	

Accounts Contact Tel No

VAT Reg. No Company Reg. No

No Of Years In Business Company Name

Estimated Monthly Credit Address Of Registered Office

(To be completed if Sole Trader or Partnership) (if not above)

Proprietor(s) Home Address(es)

..... Postcode

Date Of Incorporation

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> Retail Jeweller | <input type="checkbox"/> Clock Repairing | <input type="checkbox"/> Dental |
| <input type="checkbox"/> Jewellery Repairing/Manufacturing | <input type="checkbox"/> Wholesaler | <input type="checkbox"/> Hobbyist |
| <input type="checkbox"/> Watch Repairing | <input type="checkbox"/> Other (Please State)..... | |

Bank Reference

Bankers Sort Code

Address Account No

..... Account Name

To receive credit facilities please give two "Supplier References" (not retailers) with whom you hold a credit account (eg. watch, jewellery, battery, watch strap suppliers etc.)

Name	Name
Address	Address
Suppliers Nature of Business	Suppliers Nature of Business
Average Monthly Spend Date A/c Opened	Average Monthly Spend Date A/c Opened
Account No Fax No	Account No Fax No

Declaration to be completed on behalf of the applicant.

We understand that the granting of credit facilities implies the acceptance by us of your terms and conditions of sale.

I,.....(print name) declare that the information given on this form is true and complete.

Signed Print Name

Position Date

ALL THE ABOVE INFORMATION MUST BE COMPLETED IN FULL BEFORE CREDIT FACILITIES CAN BE GRANTED.

COUSINS USE ONLY:

Application Initiated By:	Checked & Authorised By:
Credit Limit: Date:	Account Number:
	Issued By: Date:



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CONTINUED

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Please only complete the following if you have multi-branches and want to add them to your account application as additional delivery addresses.

Branch 1

Your Branch Ref

Branch Name & Address

.....

..... Postcode

Tel No Fax No

Branch Contact

Branch 2

Your Branch Ref

Branch Name & Address

.....

..... Postcode

Tel No Fax No

Branch Contact

Branch 3

Your Branch Ref

Branch Name & Address

.....

..... Postcode

Tel No Fax No

Branch Contact

Branch 4

Your Branch Ref

Branch Name & Address

.....

..... Postcode

Tel No Fax No

Branch Contact

Branch 5

Your Branch Ref

Branch Name & Address

.....

..... Postcode

Tel No Fax No

Branch Contact