

# APPLICATION TO OPEN A CREDIT ACCOUNT

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PLEASE COMPLETE IN BLOCK CAPITALS.

## GENERAL INFORMATION

Name of Organisation : ..... Address: .....

Tel: ..... Fax: ..... E-mail: .....

Number of years in business? ..... Person responsible for settling account\*: .....

Address (if different from above) from which payments are made: .....

\*Tel and Fax Nos. (if different from above): .....

If a Limited Company please note we require the address of your registered office, company registration / VAT numbers where applicable on your company's official notepaper (letter head) before opening a credit account.

Are you a sole trader? Yes / No. If yes, you must provide the proprietor's home address before we can open an account. Please mark which is the Proprietor's address (above). If different - complete below.

I/We request that Credit facilities be granted to me/us to the extent of £..... approximately per month on your usual terms with which I/we agree to conform namely, settlement 30 days from invoice date.

## REFERENCES

**Your Bank:** Address AND Account No. ....

Branch & Tel/Fax number: .....

**Two Trade References (Eg. Suppliers)** 1. ....

Company Names, addresses, .....

Tel/Fax/E-mail details .....

AND Contact Name AND .....

your Customer Account number. ....

2. ....

Date: ..... Signed: ..... Signed by Company Director: .....

*Failure to supply any of the above information may cause delay. Please return this Form to Credit Control Department at above address.*