



Tel: +44 (0)20 8275 3000  
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www.eurocoin.co.uk  
sales@eurocoin.co.uk

## UK CREDIT ACCOUNT APPLICATION FORM

### COMPANY DETAILS

FULL BUSINESS NAME & ADDRESS OF APPLICANT \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REGISTERED ADDRESS \_\_\_\_\_

TEL \_\_\_\_\_

FAX \_\_\_\_\_

REGISTRATION NO. & DATE \_\_\_\_\_

E-MAIL \_\_\_\_\_

VAT NO. \_\_\_\_\_

LAST DATE OF FILED AUDITED ACCOUNTS \_\_\_\_\_

ENCLOSED COPY OF AUDITED

NATURE OF BUSINESS \_\_\_\_\_

ACCOUNTS YES  NO

### BANK DETAILS

NAME \_\_\_\_\_

SORT CODE \_\_\_\_\_

ADDRESS \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_

### PERSONNEL DETAILS

NAMES OF DIRECTOR / PARTNER \_\_\_\_\_

NAMES OF AUTHORISED PURCHASING STAFF \_\_\_\_\_

### NAME & ADDRESS OF TWO PRINCIPAL SUPPLIERS

NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

TEL \_\_\_\_\_

TEL \_\_\_\_\_

FAX \_\_\_\_\_

FAX \_\_\_\_\_

**PLEASE STATE THE APPROXIMATE AMOUNT OF THE MONTHLY PURCHASES ANTICIPATED** (please tick)

UP TO £500

UP TO £1,000

UP TO £2,000

UP TO £5,000

OVER £5,000

**I HAVE RECEIVED & READ EUROCOIN LIMITED'S TERMS & CONDITIONS OF TRADE & AGREE TO ABIDE BY THEM**

NAME \_\_\_\_\_

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

POSITION \_\_\_\_\_

### FOR INTERNAL USE ONLY

DATE APPLICATION RECEIVED \_\_\_\_\_

ACCOUNT NO. ALLOCATED \_\_\_\_\_

APPROVED BY \_\_\_\_\_

DATE \_\_\_\_\_



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# NON-UK CREDIT ACCOUNT APPLICATION FORM

## COMPANY DETAILS

FULL BUSINESS NAME & ADDRESS OF APPLICANT \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
REGISTERED ADDRESS \_\_\_\_\_ TEL \_\_\_\_\_  
\_\_\_\_\_  
FAX \_\_\_\_\_  
\_\_\_\_\_  
REGISTRATION NO. & DATE \_\_\_\_\_  
E-MAIL \_\_\_\_\_ VAT NO. \_\_\_\_\_  
LAST DATE OF FILED AUDITED ACCOUNTS \_\_\_\_\_ ENCLOSED COPY OF AUDITED  
NATURE OF BUSINESS \_\_\_\_\_ ACCOUNTS YES  NO

## BANK DETAILS

NAME \_\_\_\_\_ SORT CODE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

## PERSONNEL DETAILS

NAMES OF DIRECTOR / PARTNER \_\_\_\_\_  
NAMES OF AUTHORISED PURCHASING STAFF \_\_\_\_\_

## NAME & ADDRESS OF TWO PRINCIPAL SUPPLIERS IN UK

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
TEL _____	TEL _____
FAX _____	FAX _____

## PLEASE STATE METHOD OF PAYMENT (please tick)

STERLING  EURO  US DOLLAR

**I HAVE RECEIVED & READ EUROCOIN LIMITED'S TERMS &  
CONDITIONS OF TRADE & AGREE TO ABIDE BY THEM**

NAME \_\_\_\_\_ SIGNED \_\_\_\_\_  
DATE \_\_\_\_\_ POSITION \_\_\_\_\_

## FOR INTERNAL USE ONLY

DATE APPLICATION RECEIVED \_\_\_\_\_ ACCOUNT NO. ALLOCATED \_\_\_\_\_  
APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_