CGS Stores Ltd Application for a 30 Day Credit Account Facility PLEASE COMPLETE IN FULL

PLEASE Email to: accounts@cgsstores.co.uk

Trading Name of Company/Organisation:		
Sole Trader O Partnership LLP PLC Limited Company		
Government Body (
If applicable Company Reg. No		
Invoice Address		
Name		
Street		
Town		
Country Post code .		
Phone number		
Company email		
Buyer		
Contact for Payment		
Name		
Position		
Tel No		
Email		
Business Activity (please specify)		
Website address		
Details of Owner/Partner/Director I have read, understood and retained a copy of your conditions of sale (including the retention of title clause) and agree to trade in accordance with these goods supplied. I accept that title to all goods supplied to us and will remain vested in CGS Stores Ltduntil all amounts outstanding from us on any account have been paid in full to CGS Stores Ltd.		
I also agree to comply with your settlement terms (specified within your conditions of sale).		
OPlease tick here to say that you have read and accept our CGS Stores Ltd terms and conditions.		
Print Name		
Authorised Signature		

agency, which will ke	o take up references at any time from the under mentioned bank and trade sources (we will make searches with a credit reference eep a record for those searches and will share that information with other businesses. We may also make enquiries about the ith a credit reference agency.):
	Account Number
	Fax
	Account Number
	Fax
Email	
Bank Details We may request a c your bank details be	redit reference from your bank from time to time, at which time we will ask you to sign a consent. In the meantime, please enter low.
Address	
Sort Code	
I/We request you to open a Credit Account in the name of:	
Credit Period Offered: Strictly 30 Days from date of invoice	

If you are a Government body, you do not need to complete this page.