



## New Account Credit Application Form

### Company Details

Company Name:	Company Reg. No. VAT Reg No.
Type : Limited <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Trader <input type="checkbox"/>	Established
Address:	Tel:
	Fax:
	Web:
Post Code:	
Credit Amount Applied For : £	Per Month
Reg. Address (If Different)	
	Post Code:

### Contact Details:

	Name:	Tel:	Email:
Chief Executive			
Accounts Contact			
Purchasing Contact 1			
Purchasing Contact 2			

### Bank Details

Bank Name:	Account Number:
	Sort Code:
Post Code:	

### Trade References

Trade Reference 1:	Trade Reference 2:
Fax Number:	Fax Number:
Email:	Email:

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N.B. ownership of goods supplied shall pass when payment has been received by us in full and not on delivery of the goods.

**Signed**  
**Position**

**Name**  
**Date**