



www.directhygienesupplies.com

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CREDIT ACCOUNT APPLICATION FORM

Please complete all details and return by post to us at the address opposite

**CREDIT CONTROL MANAGER — DIRECT HYGIENE LIMITED
WINDGATE HOUSE
WINDGATE, TARLETON
LANCASHIRE PR4 6JF**

Company Name in Full _____

Trading Name (if different) _____

Trading Address _____

Telephone Number _____

Fax Number _____

Email _____

Website _____

Purchasing Contact _____

Accounts Contact _____

Main Business Activity _____

How Long Established _____

Company Registration No (if limited) _____

Bank Name _____ Sort Code _____ Account _____

Trade Reference 1 (required)	Trade Reference 2 (required)
Company	Company
Address	Address
Telephone	Telephone
Fax	Fax
Contact	Contact

Our terms are 30 days from date of invoice. All goods remain the property of Direct Hygiene Limited until paid for in full. I/We agree to these terms and apply for credit facilities.

Signed _____

Print Name _____

Position _____

Dated _____