

GILLS



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS INFORMATION

Company Name		Type of Business/Industry	
Directors Name/s		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Phone Fax			
E-mail			
Company address City, Post Code			

ACCOUNT INFORMATION

Account Contact		Title	
Physical Address City, Post Code		Postal Address City, Post Code	
Phone		Fax	
Mobile		Account number	
E-mail		Do you require an Order Number?	

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, Post Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, Post Code		E-mail	
Type of account		Other	

AGREEMENT

- To pay all amounts owing to William Gill & Sons Ltd, on or before the 20th day of the month following that during which purchases were made and/or work performed.
- To pay interest on overdue amounts, at a rate of 2% per month and any collection costs incurred if required.
- Claims arising from invoices must be made within seven working days.
- By submitting this application, you authorize William Gill & Sons Ltd to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	