



Spinner Contract Services Limited
Personnel Logistics

Application for Trade Account

Please reply to: Credit Control Department

Branch:
Name:
Date:

Company Name:
Address:
Statement Address:
Post Code:
Tele No:
Fax No:
Contact Name:
Email:

Trading Style: Please Tick [checked] Sole Proprietor [] Partnership [] Limited Company [] Other []
Company Registration No:
Date Company Established

Bank Details: Name:
Address:
Sort Code:
Account No:

Payment Terms: Weekly [] Fortnightly [] 30 Days [] 60 Days [] Credit Limit Requested: £

Person responsible for payments: (Important Note: Credit Limit subject to satisfactory Credit Check)

Position:
Email for Invoices:

If Partnership / Sole Proprietor:

Name:
Address:
Post Code:

Trade References:

Company Name:
Contact Name:
Tele No:
Credit Limit:



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