

The Computer Doctors Ltd – 30 day credit account application form

Company Name **Tick the relevant category**
Registered Address Limited Company
..... PLC
..... Sole Trader
..... Partnership

Limited Company / Public Limited company Registration Number

Date Incorporated or started trading

Trade Name

Trading Address
.....

Person responsible for purchasing IT related Products and services

Name

Tel. No.

Fax No.

Email

Accounts Department Details

Name

Tel. No.

Fax No.

Email

Directors' / Proprietor / Partners' Full names, addresses and Job Title

Name Position

Address
.....

Name Position

Address
.....

Name Position

Address
.....

Bank Name and address
.....
.....

Number of Years Account Held

Trade References

Name	Name
Address	Address
.....
.....
Tel No.	Tel No.
Contact	Contact
Length of Time with this Supplier	Length of Time with this Supplier

Please list any CCJ's against the Company / Directors / Proprietor / Partners below

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**I declare that the information I have given above is true and correct.
I authorise The Computer Doctors Ltd to carry out credit checking procedures.
I have the authority to act as an agent for the company / partnership herein described.**

Signature Date

Name Position