



CREDIT ACCOUNT APPLICATION FORM PLEASE STATE IF: SOLE TRADER / PARTNERSHIP / LTD COMPANY

Full name/Individual _____
Partnership Names _____
Company Name _____
Invoice address _____

Nature of Business _____
Telephone No. _____
Fax No. _____
Mobile No. _____
Company Reg. No. _____
Email Address _____

PLEASE PROVIDE TWO TRADE REFERENCES

Company One
Name _____
Address _____

Telephone No. _____
Fax No. _____

Company Two
Name _____
Address _____

Telephone No. _____
Fax No. _____

Credit limit applied for: £ _____

I have read and agree to the companies terms & conditions of trading. In particular the trading credit terms of thirty days.
All goods supplied remain the property of the company until paid for in full.

Signed _____ Date _____
Name _____ Position _____

Please return completed application form by post, fax or Email to the address below:

Credit Control Maen Karne Aggregates Ltd
Melbur Works, Summercourt, Newquay, Cornwall TR8 5UA
Email: creditcontrol@maenkarne.com Tel: 01726 862881 Fax: 01726 860786

www.maenkarne.com