Peter Drew Group

CREDIT ACCOUNT APPLICATION FORM

Thank you for your enquiry to open a credit account with the Peter Drew Group. Please complete the form in BLOCK CAPITALS and email to *accounts@peterdrew.com*, with a copy of your company's letterhead. We look forward to your reply.

Credit Amount Requested	

Company Information	
Trading Name:	
Registered Name:	
Registered Number:	
Trading Address:	
	Postcode:
Contact Name:	
Position:	
Contact number:	
Contact email:	
Website:	

Please only complete the fields marked * if they differ from the details provided above

Accounts Information	
* Invoice Address:	
	* Postcode:
* Contact Name:	
* Position:	
* Accounts contact number:	
* Accounts contact email:	
* Invoicing email:	
* Statement email:	

P e t e r   D r e w   G r o u p

Trade References	
Contact Name:	
Trading Address:	
	Postcode:
Contact number:	
Contact email:	
Contact Name:	
Trading Address:	
	Postcode:
Contact number:	
Contact email:	

Authorised Signature:	
Printed Name:	
Position:	
Date:	

Declaration: I wish to open a credit account with Peter Drew Contracts Limited and I confirm that I am authorised by my company to do so. The applicant acknowledges having received a copy of the suppliers Terms & Conditions and agrees to the conditions therein. Payment terms are strictly **30 days from date of invoice** unless permission has been given to extend these terms. Credit facilities may be immediately withdrawn if these terms are not adhered to and accounts placed on stop. We reserve the right to use a 3rd party credit reference agency for credit assessment purposes. In submitting a request for this company to open a credit account you are hereby providing us with your consent to carry out any credit reference searches that we deem necessary to support your application.

Thank you for completing this form. Please email this to *accounts@peterdrew.com*. We look forward to trading with you, and will be in touch shortly.

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Accounts Manager