

TRADE HYGIENE LIMITED
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office@tradehygiene.com

TRADE HYGIENE LIMITED CREDIT ACCOUNT APPLICATION FORM

*Please complete all
details and return
by post to us at the
address opposite*

**CREDIT CONTROL MANAGER — TRADE HYGIENE LIMITED
WINDGATE HOUSE, WINGATE
TARLETON
LANCASHIRE PR4 6JF**

Company Name in Full _____

Trading Name (if different) _____

Trading Address _____

Telephone Number _____

Fax Number _____

Email _____

Website _____

Purchasing Contact _____

Accounts Contact _____

Main Business Activity _____

How Long Established _____

Company Registration No (if Limited) _____

Bank Name _____ Sort Code _____ Account _____

Trade Reference 1 (required)	Trade Reference 2 (required)
Company	Company
Address	Address
Telephone	Telephone
Fax	Fax
Contact	Contact

Our terms are 30 days from date of invoice. All goods remain the property of Trade Hygiene Limited until paid for in full. I/We agree to these terms and apply for credit facilities.

Signed _____

Print Name _____

Position _____

Dated _____