

Yorkshire Timber Merchants

Victoria Road
Halifax
HX1 5PT

Tel: **01422 350073**

Fax: **01422 350214**

E.mail:

www.yorkshiretimbermerchants.co.uk



Credit Account Application Form

Full Name / Trading Title	Invoice address	
Address		
Post Code	Telephone	Fax
E.mail	Web Site	
Mobile		

Type of Business (ie Limited Company, Partnership, Sole Trader, Subsidiary etc.)	
Nature of Business	
Date Business Established	Company Registration No

Registered Office Address	Post Code
(if different from above)	
Home Address	Post Code
(if Sole Trader)	
(State both if Partnership)	VAT No.

Name of Directors / Partners
Name of main contact in Purchasing Department
Name of main contact in Accounts Department

Please state if official order or job reference is required Yes / No
Please advise name(s) of authorised signatory for goods inwards

Trade Reference 1	
Name
Address
Tel. No.	Fax. No.

Trade Reference 2	
Name
Address
Tel. No.	Fax. No.

Bank Details	
Name of Bank
Address
Account No.	Sort Code

I declare the above information to be true and agree to your standard terms and conditions

Signed
Please print name
Position
Date

For Official Use Only

Date Account Opened	Trade Ref's sent
Credit Limit	Risk Disk Report

PLEASE NOTE THAT THE SIGNING OF THIS FORM SIGNIFIES THAT YOU ADHERE TO OUR TERMS & CONDITIONS ON REVERSE OF FORM