



APPLICATION FOR A CREDIT ACCOUNT

Please complete and return to:

Ledan Windows Ltd
25-27 Concorde Road
Norwich, Norfolk NR6 6HQ
Tel: 01603 482428

Return by Email: accounts@ledan.co.uk

www.ledan.co.uk

DETAILS OF APPLICANT	
Name:	
Address:	
Post Code:	
Tel No: (inc STD Code)	Email:

REGISTERED NAME (IF DIFFERENT TO ABOVE)	
Name:	
Address:	
Post Code:	
Limited Company/Partnership/Sole Trader/Other:	
VAT Registration Number:	

TRADING DETAILS	
Nature of Trading Operation:	
Type of Premises:	
Total Number of Employees:	Number of Locations/Premises:

Directors/Proprietors Details	
1.	2.

DETAILS OF WHERE ACCOUNTS ARE PAID FROM

Name:

Address:

Post Code:

Contact Name:

Job Title:

Email:

Tel No:

BANK DETAILS

Account Name:

Bank Name:

Address:

Post Code:

Sort Code:

Account Number:

TRADE REFERENCES *

Name:

Address:

Contact Name & Email

Tel No:

Name:

Address:

Contact Name & Email

Tel No:

Name:

Address:

Contact Name & Email

Tel No:

AMOUNT OF CREDIT REQUIRED PER MONTH**TYPE OF ACCOUNT REQUESTED**

£

7 DAYS / 14 DAYS / 28 DAYS / MONTHLY

Completed by:	Position:
Date:	Signed:

FOR OFFICE USE ONLY

TYPE OF ACCOUNT APPROVED: 7 DAYS			14 DAYS	28 DAYS	MONTHLY
Limit £	Approved by:	Date:			

REVIEWED		
Limit £	Reviewed by:	Date:

COMMENTS