



Call: 0151 652 1216  
Fax: 0151 652 6710  
Email: sales@rivtex.co.uk

### APPLICATION FOR CREDIT ACCOUNT

Trading Name and Address:
Post Code:

Invoice Name and Address:
Post Code:

Purchasing Department Contact Information:	
Name:	
Phone:	
Fax:	
Mobile:	
E-Mail:	

Accounts Department Contact Information:	
Name:	
Phone:	
Fax:	
Mobile:	
E-Mail:	

Company Structure: e.g. Sole Tader, Partnership, Private Limited, Plc, etc.
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Date of formation:	
No. of employees:	

Trade Reference - Supplier 1	
Name:	
Contact:	
Phone:	
Fax:	
Period traded with supplier:	

Trade Reference - Supplier 2	
Name:	
Contact:	
Phone:	
Fax:	
Period traded with supplier:	

Company Registration Number:

VAT Registration Number:

Credit Limit Required: £
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Are Purchase Orders Required:	
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I have read the terms overleaf and agree that they form the contractual basis of trade with Rivtex Ltd	
Signed:	
Position:	
For:	
Date:	

Please specify the way you would like your account statement sent to you.	
Fax:	
Post:	
E-Mail:	