

**Tel: 020 8500 0099      Email: info@skiplocal.co.uk**

Unit 8, Dock Offices, Surrey Quays Road, London SE16 2XU

Company Name:	Address:
Telephone Number:	Post /Code:
Company Registration Number:	VAT Registration Number:
Invoice Address (if different from above):  Post Code:	Accounts Telephone Number:  Accounts Contact Name:
Director's/Proprietor's Name:	
Type of Business:	Money Credit Required: £
1st Trade Reference Address:  Post Code:	Contact Telephone Number:  Email:  Contact Name:
2nd Trade Reference Address:  Post Code:	Contact Telephone Number:  Email:  Contact Name:
Name of Bank:	Address:
Account Number:	Sort Code:
<b>Declaration:</b> I, the undersigned, agree to adhere to your credit terms of 30 days strictly net, and accept that a credit charge at the current bank rate will be levied after this time which I am liable to pay. I personally guarantee immediate payment should the above company default, including any costs and interest incurred in the collection of monies due. I understand that you reserve the right to suspend or withdraw credit facilities at any time.	Director's Signature:   Date:  Full Name: