



Customer credit application for trade account

Business contact information			
Contact name:			
Phone:	Fax:	E-mail:	
Address:			
City:		State:	Postcode:
In business since:			
Sole trader: ☐	Partnership: ☐	Limited liability: ☐	Other: ☐
Business and credit information			
Postal address:			
City:		State:	Postcode:
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State	Postcode:
Business/trade references			
Company name:		Company name:	
Contact name:		Contact name:	
Address:		Address:	
City:	Postcode:	City:	Postcode:
Phone:		Phone:	
Fax:		Fax:	
E-mail:		E-mail:	
Company name:		Company name:	
Contact name:		Contact name:	
Address:		Address:	
City:	Postcode:	City:	Postcode:
Phone:		Phone:	
Fax:		Fax:	
E-mail:		E-mail:	

Agreement

1. All invoices are to be paid on the 20th of the month following the date of the invoice.
2. Any claims arising from invoices must be made within seven working days of receipt of invoice.
3. By submitting this application, you authorise Kearney Group Diagnostics to make inquiries into the banking and business/trade references that you have supplied.

Signatures

Title:

Title:

Date:

Date:

Please send this form to
accounts.finance.team@kearneydiagnostics.co.uk