

Trillium Associates Ltd - Application for credit Account

Limited Company **Sole Trader** **(Please Tick)**

Company Name:	
Invoice Address:	
Post Code:	*Registration No:
Tel:.....	Fax:.....

Contact in Sales Department: NAMENumber.....

Contact in Accounts Department: NAME.....Number.....

Can we email Invoices: Y/N

Email address to use:

*Registered Office Address

(If any different from above):

*Names of proprietors **(If non-Limited Company – Please include Date of birth & Home address)**

TRADE REFERENCES

Company:	Contact Name:
Address:	
Post Code:	Telephone No:
Company:	Contact Name:
Address:	
Post Code:	Telephone No:

I hereby Authorise Trillium Associates to obtain references from the above as and when appropriate.

Signed.....Printed Name.....

Position.....Date.....

Please Complete in full and fax to **01223 280 223** or Email: **accounts@trilliumrecruitment.co.uk**