

**APPLICATION FOR A CREDIT ACCOUNT FACILITY**

**JANITORIAL DIRECT LIMITED**  
**SCHOOLS & LOCAL AUTHORITIES**



Trading Title

Postal Address

Deliv. Address  
(if different to postal)

Registered Office  
Address (if  
different from  
above)

Main Telephone No.

Fax No.

Company Reg. No.

VAT Reg. No.

Sales Contact

Contact Number

Sales Email

Do you pay your invoices "in house" or do they get paid by the county council/local authority?  
Do you use a local authority purchase order number system for your orders?

**WE PAY / COUNTY PAYS**  
**YES / NO**

Purchase Ledger

Contact Number

Contact

P/L Email

We prefer to send all invoices/statements by email. Are you happy for us to send documents in this manner? **YES / NO**

Email for inv/stmts

Type of Business

Credit Limit Required £

Payment Method BACS / CHEQUE / CREDIT OR DEBIT CARD

I/we wish to apply for credit facilities and undertake to settle invoices 30 days from document date.

I/we have received your terms and conditions.

I/we have enclosed our letterhead.

Signed

Print Name

Position

Date

**For Official Use Only**

Account Number

Application appvd by

Date Approved