

**Crazy Horses Ltd**

**CREDIT APPLICATION FORM**

*Date:* \_\_\_\_\_

*Payment is due on receipt of your ProForma Invoice, which we will issue when this form is faxed back*

**Unit 1, Eridge Park, Tunbridge Wells, Kent. TN3 9JT**

**Tel: 01892 752154**

**e-mail: [gavin@crazybags.co.uk](mailto:gavin@crazybags.co.uk) Fax: 01892 752191**

Trading Style: Ltd. Co / Plc / Partnership / Sole Trader / Other

Company Name:

Trading Name:

Trading Address:

Post Code:

Telephone No:

Fax No:

Email Address:

Web Site:

Company Registration Number:

VAT No:

Accounts Contact Name:

Accounts Email Address:

Accounts Telephone No:

Accounts Fax No:

CH Sales Person:

Account Ref:

Credit Check:

Limit £

***Please Note: Payment is Pro-Forma unless otherwise agreed in writing***

**For BACs Payments our Bank Details are:**

BANK: HSBC

115 High Street

Sittingbourne

Kent

ME10 4AL

SORT CODE: 40-42-04

ACCOUNT No: 41477595

Please send Cheques & Remittance advice to:

Unit 1,

Eridge Park,

Tunbridge Wells, Kent

TN3 9JT

**Your VAT Invoice will be subject to a 10% + / - quantity tolerance adjustment and charged accordingly**

Please confirm your method of payment: BACS / CHEQUE

Authorised Signature:

Print Name:

Title:

**PLEASE NOTE: YOUR ORDER CANNOT BE PROCESSED UNTIL THIS FORM IS COMPLETED AND RETURNED TO US.**