

CREDIT APPLICATION FOR A 30 DAY CREDIT BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company name		Please tick applicable box	
Registered company address		<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Corporation
		<input type="checkbox"/> Partnership	<input type="checkbox"/> Other
Phone number		Fax number	
Date business commenced		Contact name	
Registered company number		E-mail	

BUSINESS AND CREDIT INFORMATION

Invoice / Statement Address (If different from above)	Bank name:
Finance department contact details: Name	Bank address
Phone	Sort code
Fax	Account number
E-mail	

BUSINESS / TRADE REFERENCES

Company name	Phone
Address	Fax
	E-mail
Type of account	Other
Company name	Phone
Address	Fax
	E-mail
Type of account	Other

DECLARATION

1. I hereby submit the above information for the sole purpose of opening a Credit Account with Severn Trent Water Ltd. I acknowledge that all orders are accepted by Severn Trent water Ltd in accordance with their terms and conditions and agree that my Company shall be bound by them in all transactions. Payment will be forwarded to ensure that cleared funds are receipted by Severn Trent Water Ltd. no later than 30 days following the date of the invoice.
N.B. Authorised signatory should be a Director or a Proprietor.
2. Please sign and return this form, along with a copy of your Company letterhead to;
Severn Trent Water Ltd, Accounts Receivable, PO Box 5311, Coventry CV3 9FL, or alternatively e-mail: arteam@severntrent.co.uk

SIGNATURE

FOR OFFICE USE

Signature		Checked to D&B	
Name		SAP Account Number	
Position			
Date		Date	