

Credit Account Application Form

To apply for a 30 Day Credit Account please complete the below and return it to us:
- **Scan/Photo and email to:** accounts@smartuk.net

Account Information

| | | | |
|--------------------------------------------------------------|---------------------------|--------------------------|----------------------|
| Contact Name | <input type="text"/> | | |
| Business Name | <input type="text"/> | | |
| Address | <input type="text"/> | | |
| Address Line 2 | <input type="text"/> | | |
| City | <input type="text"/> | | |
| County | <input type="text"/> | Post Code | <input type="text"/> |
| Phone Number | <input type="text"/> | | |
| Email Address | <input type="text"/> | | |
| Business Type (Sole Trader, Partnership,Ltd, PLC) | <input type="text"/> | | |
| Company Number (if applicable) | <input type="text"/> | | |
| Does the business operate an internal Purchase Order system? | <input type="radio"/> Yes | <input type="radio"/> No | |

Sole Trader/Partner 1/Director 1

| | |
|------------|----------------------|
| First Name | <input type="text"/> |
| Last Name | <input type="text"/> |

Partner 2/Director 2

| | |
|------------|----------------------|
| First Name | <input type="text"/> |
| Last Name | <input type="text"/> |

Finance Department

| | |
|----------------|----------------------|
| Contact Name | <input type="text"/> |
| Contact Number | <input type="text"/> |
| Email Address | <input type="text"/> |

By signing and completing this form you are agreeing that you have read and understood our Terms & Conditions, which can be found on our website: www.smartuk.net (a copy can be provided on request). Credit checks may be carried out on the details contained within this form.

Payment terms are stipulated on each invoice and must be strictly adhered to, interest may be charged on overdue accounts. All goods and/or services remain the property of The Smart Marketing & Media Group Limited until paid for in full.

Please note if your agreed to terms are not met and payment is late, a late fee of 5% will be added to the invoice.

I hereby agree to the above terms and confirm that I am authorised to act on behalf of the above detailed company:

| | | | |
|-------------------------------|----------------------|----------|----------------------|
| Signed | <input type="text"/> | Date | <input type="text"/> |
| (Proprietor/Partner/Director) | | | |
| Full Name | <input type="text"/> | Position | <input type="text"/> |

For Office Use Only

Checked By:

Date:

AC No:

EH Grade:

Terms: