



**STOP SLIP**  
anti-slip solutions

**Stop Slip Ltd - Application for credit Account**

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

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

Contact in Accounts Department:.....E-mail:.....

*Registered Office Address
(If any different from above):
*Names of proprietors <b><u>(If non-Limited Company – Please include Date of birth &amp; Home address)</u></b>

**TRADE REFERENCE**

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

**BANK DETAILS**

Name:	Branch:
Account No:	Sort Code:

I hereby Authorise Stop Slip Ltd to obtain references and credit check from appropriate sources. I agree to abide by the terms and conditions as set out by Stop Slip Ltd, which include that all invoices are to be paid within 30 days from the date of the invoice and that a purchase order must be supplied before any order can be dispatched. All goods supplied remain the property of Stop Slip Ltd until invoice is paid in full.

I declare I have authority to apply for credit limit of £.....on behalf of.....

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

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

Please Complete in full and fax to 01634 731644 or scan & email to: enquiries@stopslip.co.uk