

ALBRIGHT HUSSEY MANOR – CREDIT APPLICATION

Customer Number:	Ref:
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Company Name:
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Company Address:
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Post Code:	Telephone:
Fax:	Ref:

Registered Office:
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Registered Company Number:	VAT Number:
Date Business Established:	Accounts Contact:

Invoice Address:
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Bank Name:
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Bank Address:
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Account Number:	Sort Code:
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Trade Reference:
Name:
Address:

Period of Account:
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I/we confirm that the information supplied in this questionnaire is correct and agree to the payment terms of the Albright Hussey Hotel i.e. Payment strictly within 10 days of invoice.

Signed: ..... Position: .....

Date: ..... Name (Block Letters): .....