

# TM Steels

Foxwood Way  
Foxwood Road  
Chesterfield UK  
S41 9RA

Tel: +44 (0)1246 268312  
Fax: +44 (0)1246 268313

## Credit Application Form

We request an account in the name of \_\_\_\_\_

Invoice Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a Limited company, registered office address -  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Registration No. \_\_\_\_\_

Vat Registration No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Amount of Credit Required \_\_\_\_\_

**PLEASE NOTE THAT ALL ACCOUNTS ARE NETT AND PAYABLE AT THE END OF THE MONTH FOLLOWING THE MONTH OF INVOICING.**

### Name & Address of TWO trade references:

1.....  
.....  
.....  
.....  
Tel No.....  
Fax No.....  
Contact.....

2.....  
.....  
.....  
.....  
Tel No.....  
Fax No.....  
Contact.....

### Your Bank Details:

Name \_\_\_\_\_

Sort Code \_\_\_\_\_

Account Name and No \_\_\_\_\_  
\_\_\_\_\_

**We note your credit terms and agree to pay in Accordance therewith for any goods supplied.**  
Signed on behalf of the Company,

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Position: \_\_\_\_\_

Please attach to this your Company Letterhead showing your statutory details.

**PLEASE NOTE: ORDERS WILL NOT BE ENTERED UNTIL SATISFACTORY TRADE REFERENCES ARE RECEIVED**