

## Credit Account Application Form

Applying for a DMD 2000 Ltd Credit Account is quick and easy to do. Please complete and return the following form to [accounts@dmd-2000.co.uk](mailto:accounts@dmd-2000.co.uk) or **DMD 2000 Ltd, Units B-D, Woodside Road, Bridge of Don, Aberdeen, United Kingdom.**  
**All information provided will be treated with the strictest confidence.**

### Company Details

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Company Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

Registered Name  
(if different) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

Type of Business  
(e.g. Ltd, Sole Trader) \_\_\_\_\_

No. of years trading \_\_\_\_\_

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

VAT Number \_\_\_\_\_

Telephone \_\_\_\_\_

EORI Number \_\_\_\_\_

E-Mail \_\_\_\_\_

### Purchasing Contact

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Name \_\_\_\_\_

Position / Title \_\_\_\_\_

Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

Address  
(if different) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Accounts and Invoicing Details

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Name \_\_\_\_\_

Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

Invoice Address  
(if different) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Invoicing Email \_\_\_\_\_

Statement Email \_\_\_\_\_

## Bank Details

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Bank \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code \_\_\_\_\_

Account Number \_\_\_\_\_

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

## Trade References

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	<b>Reference 1</b>	<b>Reference 2</b>
Name	_____	_____
Address	_____ _____ _____	_____ _____ _____
Telephone	_____	_____
Email	_____	_____



Tel: +44 (0)1224 706700

Web: [www.dmd-2000.co.uk](http://www.dmd-2000.co.uk)  
Email: [sales@dmd-2000.co.uk](mailto:sales@dmd-2000.co.uk)

Units B, C & D  
Woodside Road  
Bridge of Don  
ABERDEEN  
AB23 8EF

## Credit Required

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Anticipated Monthly Credit Required      £ \_\_\_\_\_

## Completed By

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Payment terms are strictly 30 days from date of invoice, any payments made out with these terms will be subject to a 3% surcharge. Title of ownership of goods does not pass until goods are paid in full. New customers will be subject to payment via direct debit.

**I hereby agree to the above conditions of supply.**

Name [Print]      \_\_\_\_\_

Signature      \_\_\_\_\_

Position / Title      \_\_\_\_\_

Date      \_\_\_\_\_