NUTSHELL® PACKAGING

SPECIALISTS IN PORTION CONTROL Telford Road, Churchfields Industrial Estate, Salisbury, Wiltshire SP2 7PZ England Telephone: +44 (0)1722 321630



CREDIT ACCOUNT APPLICATION FORM

Application is made to NUTSHELL PACKAGING for credit facilities to be granted to the undersigned. A copy of condition of sale of trading of Nutshell Packaging is printed on the reverse, and it is understood that these conditions of sale, and any future amendments thereto, shall govern any contract with them for the purchase of goods.

TERMS OF PAYMENT ARE: PAYMENT IN FULL 30 DAYS FROM DATE OF INVOICE UNLESS OTHERWISE AGREED IN WRITING

Company Name:	Delivery Address (if Different	
Address 1	Address 1	
Address 2	Address 2	
Address 3	Address 3	
Address 4	Address 4	
Post Code	Post Code	
Telephone Number (Accounts Payable)	Telephone Number	
Fax Number	Fax Number	
Date Company Established	Estimated Monthly Credit Requi	red
Company Registration Number	VAT Registration Number	
Name of Proprietor(s) if not Ltd Company		Special delivery instructions
		Special delivery instructions
		Special delivery instructions
Name of Proprietor(s) if not Ltd Company 1		Special delivery instructions
Name of Proprietor(s) if not Ltd Company 1 2 3		Special delivery instructions
Name of Proprietor(s) if not Ltd Company 1 2		Special delivery instructions
Name of Proprietor(s) if not Ltd Company 1 2 3		Special delivery instructions
Name of Proprietor(s) if not Ltd Company 1 2 3 Address of Owner(s) if not Ltd Company		Special delivery instructions

Trade Reference 1

Post Code

Name	
Address1	
Address2	
Address3	
Post Code	
Phone	
Fax	

Trade Reference 2		
Name		
Address1		
Address2		
Address3		
Post Code		
Phone		
Fax		

The Following must be signed by two Directors or Partners; or the Proprietor. I/We request to open an account with Nutshell Packaging and we have read and agree to all the conditions of sale overleaf.

SIGNATURE	PRINT NAME
POSITION	DATE
SIGNATURE	PRINT NAME
POSITION	DATE