

CREDIT APPLICATION FORM

DOMESTIC CUSTOMERS

Carvers Gases, Gravelly Way,
Four Ashes, Wolverhampton,
WV10 7GW
Tel: 01902 577000



Please complete all details

1. FULL NAME AND ADDRESS

Name:

Address:

Postcode:

Date of birth:

Telephone:

Mobile:

Fax:

Email:

2. PREVIOUS ADDRESS, IF LESS THAN 3 YEARS

Address:

Postcode:

Estimated monthly credit required £:

BANK DETAILS

Bank:

Account:

Sort Code:

I/we wish to open a monthly credit account and wish to submit this form for your consideration. You are authorised to apply for any reference required. In the event of credit facilities being granted, I understand that:

- (a) Monthly accounts are payable on or before the last day of the month following month of delivery and credit facilities can be withdrawn at the discretion of Carver (W'ton) Ltd.
- (b) I have read and agree to abide by the conditions set out above by Carver (W'ton) Ltd.

Signed: _____

Position: _____

Date: _____