

RELY ON FIRE CHECK CREDIT ACCOUNT APPLICATION FORM
PUBLIC

DOC REF: ROFC-FO-010

REVISION: 1

APPROVAL DATE: 01/11/2021

APPROVED BY: JD

How to Apply

To submit your application, complete the details below and then send this completed form to accounts@relyonfirecheck.com along with any of your own supplier information forms that **Rely on Fire Check** need to complete for your company.

Company Details

Company Name:	Tel No:
Full Trading Name:	Fax No:
Trading Address:	Registered Office:
Company Registration No:	VAT Registration No:

Contact Details

Sole Trader/Partner 1/Director 1/Branch Manager	Partner 2/Director 2
Full Name:	Full Name:
Tel No:	Tel No:
Email:	Email:

Accounts Details

Contact Name:	Email:	Tel No:
---------------	--------	---------

Reference Details

Bank Reference	Trade Reference 1	Trade Reference 2
Institution Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Tel No:	Tel No:	Tel No:
Duration of Relationship:	Duration of Relationship:	Duration of Relationship:

Credit Details

Expected Monthly Sales:	Max Amount of Credit Required:
-------------------------	--------------------------------

Terms and Conditions

1. I have read and understood the Company's Terms & Conditions of Service and agree to abide by them.
2. I am aware that the Company must be notified of any invoice discrepancies or queries within 5 days of receipt.
3. I confirm acceptance of the Company payment terms of 30 days end of month from date of invoice.

Position:	Print Name:
Date:	Signed:

For Internal Use Only

Credit Limit:	Authorised By:	Customer Advised:
---------------	----------------	-------------------