

APPLICATION FOR PRO FORMA | CREDIT ACCOUNT



PART 1 – Pro Forma

Please write in block capital letters.

CUSTOMER DETAILS	
Company name:	
Address:	
Address:	
Postcode:	

Type of company:	<input type="checkbox"/> Limited Company <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership
VAT No:	
Registration number:	
EORI Number: <small>(if Applicable)</small>	
Registered Office Address (if different from above)	
Telephone:	
Email:	

Purchasing contact:	
Email address:	
Telephone:	

Accounts contact:	
Email Address:	
Telephone:	

APPLICATION FOR PRO FORMA | CREDIT ACCOUNT

BANK DETAILS	
Bank name:	
Branch address:	
Sort code:	
Account number:	

PART 2 – Credit

Please write in block capital letters.

Monthly Credit Limit Required
£

TRADE REFERENCES	
Company 1:	
Contact name:	
Address:	
Postcode:	
Telephone:	
Email:	

Company 2:	
Contact name:	
Address:	
Postcode:	
Telephone:	
Email:	

APPLICATION FOR PRO FORMA | CREDIT ACCOUNT

I hereby authorise Hillcroft Laminations and Conversions Ltd to obtain references from the above, as and when appropriate. I agree to abide by the Terms and Conditions as set out by -Hillcroft Laminations and Conversions Ltd which include that all invoices are due to be paid within 30 days from the date of invoice and accept that goods supplied by Hillcroft Laminations and Conversions Ltd remain their sole and absolute property until paid in full. A Purchase Order (PO) must be given for services rendered unless otherwise agreed.

Signed:	
Printed name:	
Position:	
Date:	

Internal use only

Checks	<input type="checkbox"/> Credit	<input type="checkbox"/> Trade Refences	<input type="checkbox"/> T&C's
Credit limit	£	OR	Remain on Pro Forma <input type="checkbox"/>

Authorised by	Malcolm Brassington
Position:	Managing Director
Signed:	

Date:	/ / 2025
--------------	----------