

# CREDIT ACCOUNT APPLICATION

ALL INFORMATION SUPPLIED IS TREATED AS PRIVATE AND CONFIDENTIAL

*Return To:*

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*Please complete all sections using BLOCK CAPITALS,  
and attach a sheet of your headed paper (or business card)  
when returning this form*

## DETAILS TO BE COMPLETED BY APPLICANT

Trading name and address of account:

Trading Name	
Contact	
Address	
Town / City	
County	
Postcode	
Tel No.	
Fax No.	
Email:	
Website:	

Type of Organisation:

ie SOLE PROP / PARTNERSHIP / PRIVATE LTD CO / PLC etc

Registered name and office address (if different from above):

Registered Name	
Address	
Town / City	
County	
Postcode	

Name of Executives:


Date of formation / Date of financial year end:


Invoice address (if different from above):

Trading Name	
Contact	
Address	
Town / City	
County	
Postcode	
Tel No.	
Fax No.	

VAT number if registered:

Company registration number (if applicable):

*Please continue overleaf:*

REFERENCES

Bank holding main account:

Bank name	
Address	
Town / City	
County	
Postcode	
Name of account	
Account No.	
How long ac open	

TRADE REFERENCE 1

Company	
Address	
Town / City	
County	
Postcode	
Tel no	
Fax no	

TRADE REFERENCE 2


DECLARATION

I / We being an authorised signatory for this company, request that you open a credit account on our behalf  
I / We acknowledge your Terms and Conditions of Sale and agree that payment of accounts will be made in accordance with your credit terms of 30 days from end of invoice month.

Name in Capitals

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Signature

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Position

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Date

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