



## This is an Interactive PDF

You can complete this form without the need to print. Simply fill out the form in Adobe Reader, apply your digital signature and email to [orders@storagedirect.co.uk](mailto:orders@storagedirect.co.uk).

Alternatively you can print and complete the form in BLOCK CAPITALS. Then either scan and email or post to:

Storage Direct  
Garamonde Drive, Milton Keynes  
MK8 8ND, United Kingdom

# Credit Account Application Form

Fields marked with \* are required

## Company Details

Company Name\*

Company Type\*

Company Reg. No.\*

## Registered Address

Address Line 1\*

Address Line 2

Town/City\*

County

Postcode\*

## Invoice Address

Address Line 1\*

Address Line 2

Town/City\*

County

Postcode\*

## Contact Details

Contact Name\*

Contact Telephone\*

Contact Email\*

## Accounts Contact Details

Contact Name\*

Contact Telephone\*

Contact Email\*

Credit Limit\* £

## Acceptance

By signing below I confirm I am a representative of the company applying for credit, that all information I have given is correct to the best of my knowledge and I accept Apex Linvar's credit account terms and conditions.

Name\*

Signature\*

Position\*

Date\*

## For Office Use

Date Approved

Credit Limit

A/C Number

Salesperson

Prepared By

Approved By