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CREDIT ACCOUNT APPLICATION FORM

FX Rentals Ltd
38-40 Telford Way
London W3 7XS
Tel: 020 8746 2121
Fax: 020 8746 4100
Email: info@fxgroup.net

PLEASE COMPLETE ALL SECTIONS AND FAX OR MAIL TO ABOVE

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Trading Name:
Address:
Nature of Business:

Contact:
Tel:
Fax:
Email:

Monthly Credit Required:

Period Trading:

Billing details if different from above

Contact:
Address:

Tel:
Fax:
Email:

COMPANY STATUS (Please complete one of the following sections 1-3)

1 SOLE TRADER - Name:
Address:

Tel:
Fax:
Email:

2 PARTNERSHIP - Name:
Address:

Tel:
Fax:
Email:

PARTNERSHIP - Name:
Address:

Tel:
Fax:
Email:

3 LIMITED COMPANY - Name:
Directors Names:
Registered Address:

Contact:
Tel:
Fax:
Email:
Registration No:

Please state to whom account queries should be directed:	
Name:	Position Held:

Please state to whom product information should be directed:	
Name:	Position Held:

TRADE REFERENCES - 2 required, 12 months credit account trading basis

Company Name:
Address:

Contact:
Tel:
Fax:
Email:

Company Name:
Address:

Contact:
Tel:
Fax:
Email:

BANK DETAILS

Bank Name:
Address:

Account Name:
Account Number:
Sort Code:

I/We consent to FX Rentals Ltd contacting the above bankers to verify detail	
Signed:	Position:
Print Name:	Date:

I understand and agree to the attached Terms & Conditions of Trading	
Signed:	Position:
Print Name:	Date:

Please note: Trading terms are **strictly 30 days** from date of invoice.
Failure to acknowledge may result in loss of trade discount.

FOR INTERNAL USE ONLY

Authorised: Yes/No	Credit Limit:	FX Ref/Account No:
Directors Signature:		Date: