



# Credit Application Form

Alfa Access Services Ltd  
1 Wrightson Close  
Sutton-in-Ashfield  
NG17 4LT  
T: 0800 193 0045

Please complete and return by post  
or email to [accounts@alfa-access-services.com](mailto:accounts@alfa-access-services.com)

Business Name  
& Full legal title

Company Reg No

VAT Reg No

Nature of business

Trading Address

Invoice Address (if different)

Tel:

Tel:

Accounts Contact

Accounts Email

Purchase Order always required  Yes  No

Monthly Statement required  Yes  No

### Bank Account Details

Bank Name	Sort Code	Account No

### DECLARATION:

I confirm that I am authorised by my organisation to apply for a credit account with Alfa Access Services Ltd and that the information given above is true and correct. I agree for searches to be made with a credit reference agency or bank in order assist Alfa Access Services Ltd in making responsible decisions in relation to this application. I agree that payments will be made within the terms stated on your invoices and that failure to comply may result in credit facilities being withdrawn.

Full Name Position

Signature Date

Notes (for office use):

