

TY NEWYDD



COUNTRY HOTEL

Credit Application

Full Trading Name	
Address	Invoice Address if Different
Postcode	Postcode
Telephone	Telephone
Facsimile	Facsimile

Trading Style

If Limited Company Registration Number	
If Sole Trader or Partnership Name and Address of Principle	
Nature of Business	Number of Years Trading

Trade References

Reference 1 Company Name	Reference 2 Company Name
Address	Address
Postcode	Postcode
Telephone Number	Telephone Number

Bank Details

Bank	
Address	
Post Code	
Account No	Sort Code

Credit

Monthly Credit Required	Please state any credit restriction to apply to this account (e.g. standard rooms only, no bar bills etc.)
Approved (office use only)	

Signatory

Authorised By
Print Name
Date

Credit accounts are subject to approval.
Payment terms are strictly 14 days from date of invoice.