



AREMCO PRODUCTS  
FOXOAK STREET  
CRADLEY HEATH  
WEST MIDLANDS B64 5DQ  
TEL : 01384 568566  
FAX : 01384 634601

SPECIALISTS IN VEHICLE ACCESS RESTRICTION & PARKING CONTROL PRODUCTS

**APPLICATION FORM FOR MONTHLY CREDIT ACCOUNT**

Full Trading Name : \_\_\_\_\_

Full Trading Address : \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone No : \_\_\_\_\_ Fax No: \_\_\_\_\_

Registered Office Address : \_\_\_\_\_

(if any different from above) \_\_\_\_\_ Post Code: \_\_\_\_\_

Company Reg. No. \_\_\_\_\_

Monthly Credit Facility Required : \_\_\_\_\_

Name of Bankers : \_\_\_\_\_

Bankers Address : \_\_\_\_\_

\_\_\_\_\_

Sort Code : \_\_\_\_\_ Acc No: \_\_\_\_\_

Trade References

Name (1) : \_\_\_\_\_ (2) : \_\_\_\_\_

Address : \_\_\_\_\_ : \_\_\_\_\_

: \_\_\_\_\_ : \_\_\_\_\_

Telephone No : \_\_\_\_\_ : \_\_\_\_\_

Credit facilities are operated on a STRICT 30 day limit and are withdrawn should this be exceeded.

**Declaration:** I have read and agree to the term and conditions of credit facilities. I agree to abide by those terms. The information above is, to the best of my knowledge accurate and I understand false information can lead to withdrawal of credit facilities and I am an authorised signatory for the purpose of requesting credit facilities:

Signed : \_\_\_\_\_

Name (please print): \_\_\_\_\_

Position : \_\_\_\_\_

Date: \_\_\_\_\_