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| **APPLICATION****FOR****COMMERCIAL CREDIT** | Sapphire House, Albion Mills, Albion Road, Greengates, Bradford, BD10 9TQTel: 01274 623270Fax: 01274 620961Email: Enquiries@cmilogistics.co.uk |
| **Full Name of Applicant:****(and trading name if different)** |  |
| **Trading Address:** |  |
| **Telephone Number:** |  | **Fax Number:** |  |
| **Registered Address:(if different from above)** |  |
| **Business Type:** | **Limited Company** | **Sole Trader** | **Partnership** |
| *Tick as appropriate* | [ ]  |[ ] [ ]
| **VAT Registration Number:** |  |
| **If Limited Company, Reg. No.:** |  |
| **If Partnership selected, please give full names (not initials) and home addresses of all partners.** **(use a separate sheet if necessary)** | 1 |  |
|  | 2 |  |
| **References:***Company Name, addresses, telephone numbers and contact details of two principal suppliers.* | 1 |  |
|  |  | Value of Monthly Purchases £ |  |
|  | 2 |  |
|  |  | Value of Monthly Purchases £ |  |
|  |
| **Company Bank Details** |
| **Bank Name** |  | **Branch** |  |
| **Sort Code** |  |  |  |  |  |  |  |  | **Account No.** |  |
| *Maximum Anticipated Monthly Credit Required from us:* |  |
| *Name of person responsible for payment:* |  |
| *Email address of person responsible for payment:* |  |
|  |  |
| **DECLARATION BY APPLICANT SEEKING CREDIT** |
| *All new accounts are subject to 30 days from date of invoice monitored over a period of three months.* |
| *Signed:* |  |
| *Name (Please Print)* |  |
| *Date:* |  | *Position:* |  |

*Please return this form via post, email or fax.*