

PLEASE ANSWER ALL QUESTIONS IN CAPITAL LETTERS						
Company Name (in full)						
Trading As:						
Trading Address:						
Postcode		Tel:		Fax:		
Registered Office Address						
		Post Code				
Tel:		Fax:		Years Established		
Company Registration No.				VAT Registration No.		
Proprietors/Directors Names and		Addresses				
Accounts Contact		Purchasing Contact				
Name of Bank						
Branch Address						
Sort Code		Account No.				
Trade References		1		2		
This is an application for a 30 Day Credit Facility to be opened in my/our name. I/We agree and understand that the credit facilities may be reviewed if payment is not made within the term. Ball Bearing Centre Ltd reserves the right to withdraw credit facilities at any given time should it be deemed necessary.						
We understand that until the facility is granted goods will only be supplied on a pro-forma basis.						
I/We wish to apply for a credit facility of £						
Signed on behalf of the Applicant/Company _____ Date _____						
Name (Block Capitals Please) _____ Status _____						
Delivery Address (if different to Trading Address).		Acceptable Times				
		Acceptable Days				
		Goods In Contact				
		Telephone No.				
Office Use Only	Credit Approved	Account No.	Date	Authorised By	Rep Code	Rating