



APPLICATION FOR CREDIT FACILITIES

Please return this form by email or post along with a copy of your company headed paper

Until this form has been completed in FULL and returned to the Company for approval, any transactions must be strictly paid by Credit Card, Cheque or Cash with order.

Please tick: **Limited Company ()** **Partnership ()** **Sole Trader ()**

COMPANY NAME: _____

TRADING NAME/ADDRESS IF DIFFERENT FROM ABOVE:

REGISTERED NUMBER: _____

REGISTERED OFFICE: _____

TRADING TELEPHONE NUMBER: _____

MAIN OPERATIONS CONTACT: _____

NO OF YEARS TRADING: _____ **TYPE OF BUSINESS:** _____

_____ _____
AUTHORISED SIGNATORY **DATE**

COMPANY SECRETARY: _____

DIRECTORS NAME: _____

PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNTS: _____

TELEPHONE: _____ **EMAIL:** _____



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PLEASE GIVE TWO CURRENT TRADING REFERENCES:

1. **COMPANY NAME:** _____
ADDRESS: _____

POSTCODE: _____ **TELEPHONE:** _____
2. **COMPANY NAME:** _____
ADDRESS: _____

POSTCODE: _____ **TELEPHONE:** _____

In applying for a credit account, we agree to the following credit terms:-

Strictly 30 days end of month payment terms.

Any queries or dispute of invoice should be made in writing within 10 days of date of invoice.

We believe the above information given to be full and correct.

AUTHORISED SIGNATORY **NAME IN BLOCK CAPITALS**
POSITION AUTHORITY: _____ **DATE:** _____
ESTIMATED MONTHLY CREDIT REQUIRED: _____

FOR OFFICE USE ONLY

DATE REFS TAKEN UP: _____ **ACCOUNT OWNER:** _____
CREDIT GRANTED: YES/NO
DATE GRANTED: _____ **DIRECTOR SIGNATURE:** _____
AUTHORISED BY: _____
AMOUNT GRANTED: _____ **DATE:** _____