



Credit Application Form

PLEASE COMPLETE THIS FORM AND RETURN IT WITH A COPY OF YOUR LETTERHEADED PAPER

NAME OF COMPANY/BUSINESS:

ADDRESS:

TELEPHONE NUMBER/FAX NUMBER:

REGISTERED OFFICE ADDRESS:

COMPANY / BUSINESS REGISTRATION NUMBER:

VAT REGISTRATION NUMBER:

DUTY DEFERMENT NUMBER:

DATE COMPANY / BUSINESS STARTED TRADING:

AMOUNT OF ISSUED CAPITAL: SALES TURNOVER (£) PER YEAR:.....

APPROXIMATE AMOUNT OF BUSINESS TO BE PLACED PER MONTH (£):

IF APPLICANT IS NOT A LIMITED COMPANY:-

PLEASE COMPLETE NAME/S AND ADDRESS/ES OF PROPRIETORS:-

.....
.....
.....

TELEPHONE NUMBER : FAX NUMBER :

PLEASE PROVIDE TWO TRADE REFERENCES:-

.....
.....
.....
.....

NAME AND ADDRESS OF BANK:

.....

SORT CODE: ACCOUNT NUMBER:



We request that credit account facilities be provided for this Company and undertake that settlements will be made in accordance with the Terms of Trading.

**PAYMENT TERMS ARE 30 DAYS NET.
DUTY AND VAT AMOUNTS PAYABLE IMMEDIATELY**

ACCOUNTS THAT EXCEED PAYMENT TERMS MAY BE PUT ON STOP UNTIL ALL PAYMENTS HAVE BEEN MADE IN FULL. INTEREST CHARGES MAY ALSO BE APPLIED

SIGNATURE OF APPLICANT DULY AUTHORISED TO SIGN

SIGNATURE :

PRINT NAME :

POSITION IN COMPANY :

DATE : / /