



APPLICATION FOR COMMERCIAL CREDIT

Applicants Full Name: _____

Trading Address: _____

Tel No: _____ Fax No: _____ Email: _____

Business Type: Ltd Co. Sole Trader Partnership VAT no: _____

Reg Office Address: _____

Reg No: _____ Reg Office Tel No: _____ Year of Incorporation: _____

If sole trader/partnership please provide full names, home address & tel numbers of ALL partners

1. _____ Tel No: _____
 2. _____ Tel No: _____
 3. _____ Tel No: _____

Principal nature of business: _____ No of Years Trading: _____

Accounts contact: _____ Purchasing Contact: _____

Two Trade References

Name: _____

Address: _____

Name: _____

Address: _____

Tel No: _____

Fax No: _____

Tel No: _____

Fax No: _____

Amount of Credit Required: _____ Per: _____

(Note: Trade referees should be able to speak for a credit figure as above)

Declaration

I/We agree the credit account facility will be on your stated terms and that adherence to this obligation is the essence of the contract between us

I/we authorise our bankers to provide a bankers' opinion as to our suitability for the above amount

Signed: _____ Full Name: _____ Position: _____

For & on Behalf of: _____ Date: _____

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