

APPLICATION FOR COMMERCIAL CREDIT

APPLICANTS FULL NAME:

TRADING STYLES (IF APPLICABLE):

TRADING ADDRESS:

TEL NO:.....**FAX NO:****VAT NO:**

TYPE OF BUSINESS LTD CO: SOLE TRADER PARTNERSHIP

IF LTD CO: REG OFFICE ADDRESS:

.....**REG NO:**

TEL NO: **YEAR OR INCORPORATION:**

ANNUAL SALES £:

IF SOLE TRADER/PARTNERSHIP: PLEASE PROVIDE FULL NAMES, HOME ADDRESSES & TELEPHONE NUMBER(S) OF ALL PARTNERS (USE SEPARATE SHEET IF NECESSARY)

1 **TEL NO:**.....
.....

2 **TEL NO:**.....
.....

3 **TEL NO:**.....
.....

PRINCIPAL NATURE OF BUSINESS.....

HOW LONG TRADING..... **ANNUAL SALES £**.....

BANK NAME & ADDRESS:.....
.....

A/C NO:..... **SORT CODE:**.....

TWO TRADE REFERENCES

NAME:.....
ADDRESS:.....
.....
TEL NO:..... **FAX NO:**.....

NAME:.....
ADDRESS:.....
.....
TEL NO:..... **FAX NO:**.....

AMOUNT OF CREDIT REQUIRED £..... PER.....

(NOTE TRADE REFEREES SHOULD BE ABLE TO SPEAK FOR A CREDIT FIGURE AS ABOVE)

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.

PAYMENT TERMS: 30 DAYS FROM DATE OF INVOICE.

WE RESERVE THE RIGHT TO CHARGE INTEREST ON LATE PAYMENTS.

SIGNED:

FULL NAME:

POSITION:

FOR & ON BEHALF OF:

DATE: