

**SHARP SKIPS**  
01708 555 666

PO Box 195, Rainham, Essex, RM13 9BU  
www.sharpskips.co.uk fax: 01708 631143



## Application for Commercial Credit

Applicants full name \_\_\_\_\_

Trading names \_\_\_\_\_

Trading address \_\_\_\_\_

\_\_\_\_\_

Contact telephone \_\_\_\_\_ fax \_\_\_\_\_

VAT reg number \_\_\_\_\_ Ltd  Sole Trader  Partnership

Company registration number \_\_\_\_\_ Trading since \_\_\_\_\_

Principle nature of business \_\_\_\_\_ Annual sales \_\_\_\_\_

Bank branch name \_\_\_\_\_

Branch address \_\_\_\_\_

Account Number \_\_\_\_\_ Sort Code \_\_\_\_\_

### Trade References (minimum 2)

1. Reference Trading Name \_\_\_\_\_

Address \_\_\_\_\_

Contact telephone \_\_\_\_\_ fax \_\_\_\_\_

2. Reference Trading Name \_\_\_\_\_

Address \_\_\_\_\_

Contact telephone \_\_\_\_\_ fax \_\_\_\_\_

*Referees should be able to speak for an estimated credit amount below*

Credit Required \_\_\_\_\_ per \_\_\_\_\_

I agree that the credit account facility will be on Sharp Brothers Skips Ltd stated terms and that adherence to this obligation is the essence of the contract between us.

I authorise our bankers to provide bankers opinion as to our suitability for the above amount.

Payment Terms are strictly 30 days from date of invoice.

Sharp Brothers Skips Ltd reserve the right to charge interest on late payments.

Signed \_\_\_\_\_

Full Name \_\_\_\_\_

Position in company \_\_\_\_\_

On behalf of (company name) \_\_\_\_\_

Date \_\_\_\_\_