

SHARP SKIPS
01708 555 666

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



Application for Commercial Credit

Applicants full name _____

Trading names _____

Trading address _____

Address Postcode _____ Email _____

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 _____