

CREDIT APPLICATION FORM

please complete all questions as applicable

**FOR A LIMITED
COMPANY**

Company name

Trading name (if any)

Company registration number

Company registered address

.....

post codetelephone

FOR A PARTNERSHIP

Partnership name

Trading name (if any)

Name/home address/telephone number of all partners (please continue on a
seperate sheet if necessary)

1.

.....

post codetelephone

2.

.....

post codetelephone

Trading address

.....

post codetelephone

FOR A SOLE TRADER

Namedate of birth

Home address

.....

post codetelephone

Name of bankers

Branch address

.....

post codetelephone

VAT registration number

Name and address of two indepenent referees:

1. 2.

.....

post code post code

How long has the business been established?

Amount of credit requested

Please note this application, if granted, is subject to a credit check on the company or individual as appropriate and subject to our Terms and Conditions (a copy of which is included). We draw your attention in particular to our payment terms.

SignedPositionDate

PLEASE ATTACH A COPY OF YOUR CURRENT LETTERHEAD WITH THIS APPLICATION