

Credit Application Form

Please complete both sides of this form using BLOCK CAPITALS and return with an official letterhead.

Company Name:

Trading Name:

PLEASE COMPLETE THE FOLLOWING:

IF A SOLE TRADER PLEASE ALSO COMPLETE THE FOLLOWING

Address inc. post code

Home Address inc. post code

Accounts Address inc. post code(if different to above)

Home Telephone Number:

Home Fax Number:

Name of Individual

Landline Telephone Number:

Fax Number:

Mobile Telephone Number:

Email Address:

Managing Director:

Person responsible for payments:

Person responsible for purchases:

VAT Reg. Number:

Limited Company Number:

Credit Limit Requested

IF A PARTNERSHIP PLEASE ALSO COMPLETE THE FOLLOWING:

Name of partner 1

Home Address of partner 1 inc. post code:

Name of partner 2

Home Address of partner 2 inc. post code:

Type of Business:

Number of years/months business trading:

Number of employees:

Name of partner 3

Home Address of partner 3 inc. post code:

Bank Name and Address

Sort Code:

Name of Account:

Account Number:

Trade Reference Supplier 1:

Period Trading With Supplier

Telephone Number:

Fax Number:

Trade Reference Supplier 2:

Period Trading With Supplier

Telephone Number:

Fax Number:

Authorised Signature:

Job Title:

Date:

Name (Please Print)

For Office Use Only

Account agreed:

Account Number

Date account opened: