

# APPLICATION FOR CREDIT FACILITIES

Signature:..... Position:..... Date:.....

Name: (Full Trading Title) .....

Address:

Registered Office Address (if different)

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Telephone:.....

Telephone:.....

Fax:.....

Fax:.....

Email:.....

Email:.....

Names of Proprietors, Partners or Directors:.....

Company Registration Number:.....

Type of Business:.....

Year Trading Commenced:.....

## PLEASE PROVIDE DETAILS OF YOUR BANK AND TWO TRADE REFERENCES

Name & Branch of your Bank:.....

Account Name:..... Account No:..... Sort Code: .....

## TRADE REFERENCES

Name:.....

Name:.....

Address:.....

Address:.....

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Postcode:.....

Postcode:.....

Telephone:.....

Telephone:.....

Fax:.....

Fax:.....

Email:.....

Email:.....

Credit Limit you require:.....

Do you insist on Purchase Order Numbers:.....

Names of persons authorised to book:.....

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PLEASE SEND COMPLETED FORM TO THE ABOVE ADDRESS