



APPLICATION FORM FOR CREDIT FACILITIES:

COMPANY NAME: _____

ADDRESS: _____

TELEPHONE NO: _____ FAX NO: _____

NATURE OF BUSINESS: _____

NO OF YEARS TRADING: _____ SOLE TRADER / LIMITED COMPANY / PLC

NAME OF DIRECTORS: _____

ADDRESS OF DIRECTORS: _____

(3 YEARS ADDRESS HISTORY REQUIRED)

REGISTERED OFFICE ADDRESS: _____

BANK NAME: _____

BANK ADDRESS: _____

ACCOUNT NAME: _____

ACCOUNT NO: _____ SORT CODE: _____

TRADE REFERENCE: (1)

TRADE REFERENCE (2)

NAME: _____ NAME: _____

ADDRESS: _____

TELEPHONE NO: _____

CREDIT LIMIT REQUIRED: _____



I / We agree to any relevant searches being made in connection with this credit account application.
I / We agree to maintain our account to your trading terms ie. Strictly 30 days from date of invoice.

SIGNED: _____ PRINT NAME: _____

POSITION: _____ DATE: _____