

APPLICATION FOR CREDIT FACILITIES

From To Fax/Email

Please fax back completed form to 0845 304 0002

FULL TRADING TITLE:

INVOICING ADDRESS:

POST CODE: TELEPHONE NUMBER DATE OF BIRTH
(Not applicable for Limited Co's)

FAX NO: CONTACT: EMAIL:

MOBILE NO: COMPANY REG NO: VAT NO:

IF NOT A LIMITED COMPANY OR LIMITED LIABILITY PARTNERSHIP, please give the title, forename(s), surname, home address, date of birth and postcode of Proprietors or Partners who jointly require credit, and are not mentioned above:

.....
.....
.....

FIRST TRADE REFERENCE:

.....

TELEPHONE NO: FAX NO:

SECOND TRADE REFERENCE:

.....

TELEPHONE NO: FAX NO:

APPROXIMATE MONTHLY CREDIT REQUIRED:

(If non Limited, all partners to this credit application must sign)

SIGNATURE: PRINT NAME:

POSITION: DATE:

SIGNATURE: PRINT NAME:

POSITION: DATE:

PLEASE TICK THIS BOX IF YOU REQUIRE OUR BACS DETAILS

PLEASE INCLUDE A COPY OF YOUR LETTERHEAD WITH THIS APPLICATION

WE UNDERSTAND AND WILL EXERCISE OUR STATUTORY RIGHT TO CLAIM INTEREST AND COMPENSATION FOR DEBT RECOVERY COSTS UNDER THE LATE PAYMENT LEGISLATION IF WE ARE NOT PAID ACCORDING TO OUR TERMS OF PAYMENT.

