

CREDIT APPLICATION FORM

If you require assistance to complete this form, contact Kirsty Powell on 01268 414811

Trading name:			
Trading address:			
Telephone:		Email:	

Registered office:			
Address:			

If a Limited Company:			
Full company name:			
Year of incorporation:		Incorporation number:	

If VAT Registered:	
VAT registration no.:	

If a partnership, please give full names (not initials) and the private address of all partners:	
A	
B	
C	
D	

Contact details for the person/s responsible for placing an order:			
Main contact:		Landline:	
Mobile:		Email:	
Second contact:		Landline:	
Mobile:		Email:	

Contact details for the person responsible for paying the accounts on time:			
Main contact:		Landline:	
Mobile:		Email:	

Your bank details:			
Bank name:			
Address:			
Account name:			
Account number.:		Sort code:	

References: Please supply the names and addresses of two of your main suppliers			
Supplier 1:			
Email:		Annual spend:	
Supplier 2:			
Email:		Annual spend:	

State the maximum amount of credit that you require:	
Name of your Managing Director or Managing Partner:	

Invoice options

Do you wish for statements to be sent monthly or weekly?

Monthly Weekly

Would you like statements to be sent by e-mail?

Yes No

If yes, please supply a valid email address: _____

Declaration by Credit Applicant

We hereby request you to open a credit account & enclose/attach a copy of our headed note paper.

Directors / Partners declaration:

I, being an authorised officer of this business, do agree that payment of all accounts will be received by you (our supplier) within your stated credit terms:

- *New clients – 14 days after the statement date – reviewed after 3 months of trading*
- *Standard terms – 30 days after the statement date*

I appreciate that adherence to this obligation is the essence of the contact between us.

Signed:	
Date:	
Name (block capitals) please:	