



CREDIT APPLICATION Form:

To apply for credit account: Please complete the form, print, sign by director, and fax to: (0870) 751 9965

Full Trading Name	
Limited/Partnership/Sole Trader (please tick one)	Company Registration No.
Full Address	VAT Registration No.
.....	Managing Director's Name
..... Post Code	Reg. Office
Telephone No. Post Code
Fax.	Email
Sole Trader or Partnership please complete the following: If a limited company, please supply a Director's name	
Sole Trader/Partner No.1/Director	Partner/Director No.2
Full Name	Full Name
Home Address	Home Address
..... Post Code Post Code
Telephone No.	Telephone No.
Date Business Established	Bank ReferenceBank/BS
Type of Business	Address
Payments Contact
Department..... Post Code
Tel. No. (if different)	A/c Sort Code
2 nd Contact Name	Name of Account
Trade Ref No. 1	Trade Ref No. 2
Name	Name
Address	Address
.....
..... Post Code Post Code
Tel No	Tel No
Contact	Contact
Accountants Details: Name Tel No	
Contact Date of Year End	
Please accept this form as my/our application for a credit account. Estimated monthly sales of £:	
Signed Director/Partner/Owner	
I/we give my/our consent to a credit search being made on me/us as owner/partner or director of this organization both now & at any future date. I/we understand this search will be recorded by the agency & may be disclosed to subsequent enquirers.	