



WEB-APP

CREDIT APPLICATION FORM

Company Name:

Address:
 Postcode:

Telephone No: Fax No:

Accounts Contact: Purchase Email:

Registered No: VAT No:

Date Business Est:

(Please Circle) - Ltd Company/P'ship/Sole Trader:

Registered Address - Sole Traders/P'ships please give full name/s & personal address:

.....

Bankers: Address:

.....

Account No: Sort Code:

Two Current Trading references:

1. 2.

Telephone No: Telephone No:
 Fax No: Fax No:

Credit Limit Applied For £.....

In applying for credit facilities, we agree to the terms and conditions offered by the Company, including strictly 30 days from date of invoice. Any queries or disputes of invoice are to be made in writing within 10 days of despatch. A copy of the company's standard terms and conditions of sale are enclosed.

I/We believe the above information given to be full and correct.

Signed: Name in Capitals:
(To be signed by a Company Director)

Position: Date:

