

CREDIT APPLICATION



Items in **RED** should be completed as a minimum

Full Trading Name
Limited Partnership/Sole Trader (please circle one)	Company Registration No.
Full Address	Managing Director's Name
.....	Reg. Office
.....
Telephone No.	Fax

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 No. 2
Full Name	Full Name
Home Address	Home Address
.....
Telephone No.	Telephone No.

Date Business Established	Bank Reference
Type of Business	Address
Payments Contact
Department Post Code
Telephone No. (if different)	A/C
2nd Contact Name	Sort Code
.....	Name of Account

Trade Reference 1 Name	Trade Reference 2 Name
Address	Address
.....
..... Post Code Post Code
Telephone No.	Telephone No.
Fax	Fax
Contact	Contact

Accountant's Details

Name	Telephone No.
Contact	Date of Year End
	Required monthly credit limit £

Please accept this form as my/our application for a credit account.

Signed	Director / Partner / Owner
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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 and at any future date. I/we understand this search will be recorded by the agency and may be disclosed to subsequent enquirers.