

APPLICATION FOR CREDIT FACILITIES (Page 1 of 3)

**PLEASE FULLY COMPLETE PAGES 1 & 2 IN *BLOCK CAPITALS*
AND RETURN *BY POST* WITH A COPY OF YOUR LETTERHEAD.
FAXED COPIES CANNOT BE PROCESSED**

**THESE DETAILS CAN BE USED TO PERFORM A CREDIT CHECK WITH A CREDIT REFERENCE
AGENCY**

Company/Business Name _____

Business Address _____

POST CODE _____

Phone No: _____

Fax No: _____

Email Address: _____

Registered Office _____

Originator (For Office Use Only):

VAT Registration No _____

Own Duty Deferment _____

YES/NO _____

Company Registration No/Date _____

Date company/Business Started Trading _____

No of Employees _____

Nature of Business _____

Credit Limit Requested _____

£

Web Site Address _____

Will you accept sales invoices via email? YES / NO

Recipient Email
Address(es): _____

IF APPLICANT IS NOT A LIMITED COMPANY PLEASE GIVE DETAILS OF PARTNERS/PROPRIETERS

Surname _____

First Name _____

Surname _____

First Name _____

Home Address _____

Home Address _____

Post code _____

Date of Birth _____

Post code _____

Date of Birth _____

Phone _____

Phone _____

**TRADE REFERENCES (PLEASE QUOTE REFEREES WHO CAN SPEAK FOR THE AMOUNT OF CREDIT YOU
REQUIRE)**

1) _____

2) _____

Telephone _____

Telephone _____

Fax _____

Fax _____

NAME AND ADDRESS OF BANKERS _____

Account No _____

**We request that credit facilities be provided for this Company and undertake that settlement will be made in accordance with
the Terms of Trading, the Conditions of which (particularly Clauses 2(i), 2(ii), 11, 12, 13, 14 and 15) have been read and are
accepted.**

Signature of Applicant duly
authorised to sign _____

Date _____

Name (please print) _____

Position in
Company _____

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PLEASE ENSURE THIS IS COMPLETED IN FULL AND SIGNED BY AN AUTHORISED SIGNATORY

<u>BANK REFERENCE</u>
<u>Enquiry Form</u>

Sort Code - - -

Account Name _____

Address _____

Account Number

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Please provide your opinion concerning the ability of your customer to meet a financial commitment of £
with settlement terms of 30 days from date of invoice.

*** CONSENT * THE CONSENT BELOW MUST ALSO BE COMPLETED**

I/We authorise _____ (Bank) _____ (Branch) to provide a BANKER'S
OPINION as stated above.

Signed _____ **Date** _____

(Authorised signatory as shown on Bank mandate)

FULL NAME _____

FOR AND ON BEHALF OF _____

