



APPLICATION FOR CREDIT FACILITIES

1. Full Name:.....
2. Full Trading Title:.....
3. Full Address:.....
.....
.....
Telephone Number:.....Fax No:.....Email:.....

4. Type Of Business: Sole Trader Partnership / LLP PLC / Limited Company

5. Nature Of Business:.....

6. If LLP, Limited Company or Public Limited Company Provide Registered Office Address:
.....
.....

7. Year of Incorporation:

8. If Partnership Give Full Names & Private Addresses of All Partners:
.....
.....
.....

*IF YOU ARE APPLYING FOR A TRADE CARD YOU DO NOT NEED TO COMPLETE SECTIONS 9, 10 & 11.
IF YOU ARE APPLYING FOR AN ACCOUNT PLEASE REMEMBER TO INCLUDE FAX NUMBERS.*

9. Average Monthly Credit Required:.....

10. Bankers Name:.....
Bankers Address:.....
Account Number:.....Sort Code:.....

11. Credit References:
a) Name:.....
Address:.....
Telephone Number:.....Fax Number:.....Email:.....
b) Name:.....
Address:.....
Telephone Number:.....Fax Number:.....Email:.....
c) Name:.....
Address:.....
Telephone Number:.....Fax Number:.....Email:.....

12. **DECLARATION BY APPLICANT:**
I agree to abide by the your TERMS & CONDITIONS.

Signed:..... Print:..... Date:.....

THIS APPLICATION MUST BE ACCOMPANIED BY A LETTERHEAD.