



CREDIT APPLICATION FORM

Organisation Name: _____

Legal Status: PLC/ Limited company/ Partnership/ Sole Trader (Circle appropriate option)

Registered Office Address:

Trading Address:

Telephone Number: _____

Fax Number: _____

Registered Company Number: _____

VAT Registration Number: _____

Date started trading: _____

Accounts Payable Contact: Name: _____

Telephone Number: _____ **Fax Number:** _____

Expected value of monthly purchase: £ _____

Credit Limit Requested: £ _____

Bank Name: _____

Account No: _____

Bank Address: _____

Sort Code: _____

Post Code: _____



Business References: (Please ensure that 2 satisfactory required references are offering at least the same credit limit as that requested)

Name : _____

Name: _____

Address: _____

Address: _____

Telephone No.: _____

Telephone No.: _____

Do you work on Order Numbers: Yes No

Important Note:

Our standard credit terms are strictly 30 days by the end of the month following the month of invoicing.

Declaration by Director/Owner: I confirm that my organisation will comply with the payment terms shown above.

Signed: _____

Director's/Owner's Name: _____

Position: _____

Date:/...../.....

For Office Use Only:

Credit Limit Approved: Yes / No Authorised by: _____

Credit Limit: £ _____ Special terms: _____