



APPLICATION FOR COMMERCIAL CREDIT

Reps Name: _____



APPLICANTS FULL NAME _____

TRADING NAME (IF APPLICABLE) _____

TRADING ADDRESS _____

TEL NO. _____ FAX NO. _____

VAT NO. _____

TYPE OF BUSINESS LTD CO. SOLE TRADER PARTNERSHIP

IF LTD CO. REG OFFICE ADDRESS _____

REG NO. _____

TEL NO _____ YEAR OF INCORPORATION _____ ANNUAL SALES £ _____

IF SOLE TRADER/ PARTNERSHIP PLEASE PROVIDE FULL NAMES, HOME ADDRESSES & TELEPHONE NUMBER(S) OF ALL PARTNERS (PLEASE USE A SEPARATE SHEET IF NECESSARY)

1. _____ TEL NO. _____

2. _____ TEL NO. _____

3. _____ TEL NO. _____

PRINCIPAL NATURE OF BUSINESS _____

HOW LONG TRADING _____ ANNUAL SALES £ _____

DATA PROTECTION ACT 1998

"We may make a search with a credit reference agency, which will keep a record of that search and will share that information with other businesses. We may also make enquiries about the principal directors with a credit reference agency"

BANK NAME & ADDRESS _____

A/C NO.

SORT CODE:

TWO TRADE REFERENCES

NAME: _____

NAME: _____

TEL NO. _____

TEL NO. _____

FAX NO. _____

FAX NO. _____

AMOUNT OF CREDIT REQUIRED £ _____ PER _____

(NOTE: TRADE REFEREES SHOULD BE ABLE TO SPEAK FOR THE CREDIT FIGURE AS ABOVE)

Contacts:

Stationary Buyer: _____

Tel: _____

PPE/Workwear Buyer: _____

Tel: _____

Janitorial Buyer: _____

Tel: _____

General Consumables Buyer: _____

Tel: _____

Accounts: _____

Tel: _____

E-MAIL ADDRESS FOR INVS. _____

DAILY/WEEKLY/MONTHLY INVOICES?(DELETE AS APPLICABLE) PRICED DELIVERY NOTES? YES/NO

I/WE AGREE THE CREDIT ACCOUNT FACILITY WILL BE ON YOUR STATED TERMS AND THAT ADHERENCE TO THIS OBLIGATION IS THE ESSENCE OF THE CONTRACT BETWEEN US.

I/WE AUTHORISE OUR BANKERS TO PROVIDE A BANKERS' OPINION AS TO OUR SUITABILITY FOR THE ABOVE AMOUNT

SIGNED: _____

FULL NAME: _____

POSITION: _____

For and on Behalf of: _____

DATE: _____