



Credit Application Form

Full Trading Name:

Limited/Partnership/Sole Trader (Please select)

.....

Registered Office Address:

Post Code.....

Company Registration No.:

VAT Registration number:

Managing Directors Name:

Sole Trader or Partnership please complete the following: If a Ltd Company please supply a Directors name.

Sole Trader/Partner no. 1/Director (please select)

Partner no. 2

Full Name:

Full Name

Home Address

Home Address

..... Post Code

..... Post Code

TelephoneD.O.B

TelephoneD.O.B

Date Business Established

Bank Reference.....Bank/BS

Type of Business

Address

Payments Contact

.....

C.A.R/ Plant Insurance Policy No.

..... Post Code

Insurance Broker

A/C Sort Code

Telephone/Email

Name of Account

(PLEASE ATTATCH COPY OF INSURANCE POLICY & COMPANY LETTERHEAD)

Trade Reference 1

Trade Reference 2

Name

Name

Address

Address

.....Post Code

.....Post Code

Telephone/Email

Telephone/Email

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

Credit Limit required

I/We give my/our consent to a credit search being made on me/us as owner/partner or director of this company both now and at any future date. I/we understand this search will be recorded by the agency and maybe disclosed to subsequent enquirers.

PAYMENT TERMS ARE STRICTLY 30 DAYS FROM DATE OF INVOICE

Signed..... Print.....Date..... Director/Partner/Owner

