

CREDIT APPLICATION FORM

Company Name:	
Trading Address:	
Trading Style (if different from above)	
Company Registration No:	Date Started Trading:
If you are a Sole Trader or Partnership - Please supply full names and addresses	
Name:	Name:
Address:	Address:
Operations Contact:	Accounts Contact:
Email:	Email:
Operations Tel No:	Accounts Tel No:
PLEASE ENTER THE AMOUNT OF MONTHLY CREDIT REQUIRED £	

DECLARATION (Please read carefully) We understand that should our Credit Application be accepted we agree to settle our account with yourselves in accordance with the credit terms which are payment due by the **20th** of the month following the month of invoice.

SIGNED:

POSITION:

NAME IN CAPITALS:

DATE: