

APPLICATION FOR COMMERCIAL CREDIT

Full Name of Applicant (and trading name if different).....
.....
Trading Address.....
Telephone Number.....Fax Number.....
Email Address:.....
Registered Office (if different from above).....
Business Type: Limited Company / Sole Trader / Partnership
Year trading commenced.....Registration No. (Limited Co. only).....
If Partnership give **full names** (not initials) and home addresses of **ALL** partners (Use a separate sheet if necessary)
1.....
2.....

REFERENCE

Complete all details for 2 principal suppliers

Supplier 1.....
Address.....
Telephone Number.....Contact Name.....
Value of Monthly Purchases £.....
Supplier 2.....
Address.....
Telephone Number.....Contact Name.....
Value of Monthly Purchases £.....

Name of Bankers.....Branch.....
Sort Code.....Account Number.....
Maximum anticipated monthly credit required from us £.....
Name of the person responsible for paying the account on time.....

DECLARATION BY APPLICANT SEEKING CREDIT

- I am duly authorised by the applicant business to enter into this agreement on its behalf. We agree that payment of your invoices will be made strictly in accordance with the credit terms stated thereon.
- I understand that you may authorise a search through credit reference agencies, which will keep a record of that search and may share that information with other businesses. It/They may also make enquiries about the directors or partners as applicable.
- I authorise our bankers to provide an opinion as to our suitability for the requested account.

SIGNED.....**NAME** (Please print).....
DATE.....**POSTION**.....