

46 Fairfield Road, East Grinstead, West Sussex, RH19 4HB
 TEL - 01342 321187 / 07530 189905

APPLICATION FOR COMMERCIAL CREDIT

FULL TRADING NAME/S OF APPLICANT

Trading Address

.....

Post code

Tel. No

Fax No.

Email

LIMITED/PUBLIC LIMITED COMPANIES, please quote

Address of Registered Office.....

.....

Post code

Date incorporated.....

Company No.

PARTNERSHIPS, please quote

Full names (not initials) and private address/es (inc. Post Codes) of ALL partners

- a).....
- b).....
- c).....
- d).....
- e).....

Year of commencement of partnership.....

OTHER INFORMATION

Name of Bankers.....

Address

.....

Bank Code.....

SIZE OF BUSINESS

Number of staff

Annual sales

Name of Managing Director / Senior Partner.....

Name of Person responsible for prompt payment of Account

REFERENCES

Please give names of two major suppliers, *whom we may approach for trade reference*

1). Name.....

Address.....

.....

Post code

Tel and fax No.

Annual turnover with this supplier

2). Name.....

Address.....

.....

Post code

Tel and fax No.

Annual turnover with this supplier

DECLARATION BY CREDIT APPLIACATION.

We hereby request you to open a credit account and understand that you will take up such references and make such enquiries as are necessary to satisfy yourselves as to the creditworthiness of this business. I, being an authorised officer of this business, do hereby agree that payments of all accounts will be received by you, our supplier, within your stated terms of credit and appreciate that adherence to this obligation is the essence of the contract between us.

SIGNED.....

NAME (please print)

DATE.....