



CREDIT APPLICATION FORM

APPLICATION FOR A CREDIT FACILITY

Items in this box are for office use only

Date Received _____

New Account Change of Address Close Account Change of Title

TO BE COMPLETED BY (CUSTOMER / SUPPLIER SALES REPRESENTATIVE)

Full Legal Title and Trading Name: _____

Sole Trader Partnership LLP
 Limited Company Co Reg No PLC
(please tick where appropriate)

STATEMENT ADDRESS:

Name: _____
Street: _____
Town: _____
Country: _____
Post Code _____ Phone Number: _____

DELIVERY ADDRESS: (if same as delivery address, please state)

Name: _____
Street: _____
Town: _____
Country: _____
Post Code _____ Phone Number _____

DETAILS OF BUSINESS:

Nature of Business: _____ Date Established _____

Number of Employees: _____

Details of any other Companies/Business managed by the Principals of this application current or past:

METHOD OF PAYMENT:

Cheque Direct Debit BACS Other

If other, please specify: _____

I/WE REQUEST YOU TO OPEN A CREDIT ACCOUNT IN THE NAME OF:

With a Proposed Credit Limit of: _____ per month

Agreed Credit Period: _____ days

TRADE REFERENCES:

I/We authorise you to take up references at any time from the under mentioned bank and trade sources.
NB: (We will make searches with a credit reference agency, which will keep a record of those searches and will share that information with other businesses. We may also make enquiries about the principal directors with a credit reference agency.)

1. Name: _____ Account Number _____
Full Address: _____

2. Name: _____ Account Number _____
Full Address: _____

3. Name: _____ Account Number _____
Full Address: _____

BANK DETAILS:

Name: _____

Address: _____

Sort Code: _____ Account Number: _____

CONTACT FOR PAYMENT:

Name: _____

Position: _____

Tel No: _____ Fax No: _____

e-mail address: _____

DETAILS OF OWNER/PARTNERS/DIRECTORS:

I/We have read, understood and retained a copy of your conditions of sale (including the retention of title clause) and agree to trade in accordance with these for any goods supplied.

I/We accept that title to all goods supplied to us will remain vested in () Limited until all amounts outstanding from us on any account have been paid in full to () Limited.

I/We also agree to comply with your settlement terms (specified within your conditions of sale).

I/We understand that () Limited have the statutory right to interest under the Late Payment of Commercial Debts (Interest) Act 1998 as amended by The Late Payment of Commercial Debts Regulations 2002, if settlement terms have not been adhered to.

1. Name: _____ Signature _____

Home Address: _____

2. Name: _____ Signature _____

Home Address: _____

3. Name: _____ Signature _____

Home Address: _____

N.B. IF THE CUSTOMER IS A LIMITED LIABILITY COMPANY, THE CONTINUING GUARANTEE BELOW MUST BE SIGNED BY A DIRECTOR OF THE COMPANY.

To: () Limited

In consideration to you agreeing to grant credit facilities to the Company, I hereby unconditionally guarantee the due and punctual performance and observance by the Company of its obligations herein under your Conditions of Sale and agree to indemnify and keep you indemnified against any breach or non-observance thereof by the Company.

Name:

Position:

Signature: Date: