



## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

### BUSINESS CONTACT INFORMATION

|                             |              |              |            |
|-----------------------------|--------------|--------------|------------|
| Title:                      |              |              |            |
| Company name:               |              |              |            |
| Phone:                      | Fax:         | E-mail:      |            |
| Registered company address: |              |              |            |
| City:                       |              | County:      | Post Code: |
| Company Registration No:    |              | VAT No:      |            |
| Sole proprietorship:        | Partnership: | Corporation: | Other:     |

### BUSINESS AND CREDIT INFORMATION

|                           |                |            |            |
|---------------------------|----------------|------------|------------|
| Primary business address: |                |            |            |
|                           |                | County:    | Post Code: |
|                           |                |            |            |
| Telephone:                | Fax:           | E-mail:    |            |
| Bank name:                |                |            |            |
| Bank address:             |                | Address:   |            |
|                           |                | County::   | Post Code: |
| Type of account           | Account number | Sort Code: |            |
|                           |                |            |            |
|                           |                |            |            |
|                           |                |            |            |

### BUSINESS/TRADE REFERENCES

|                            |      |         |            |
|----------------------------|------|---------|------------|
| Company name:              |      |         |            |
| Address:                   |      |         |            |
| City:                      |      | County: | Post Code: |
| Phone:                     | Fax: | E-mail: |            |
| Contact:                   |      |         |            |
| Company name:              |      |         |            |
| Address:                   |      |         |            |
| City:                      |      | County  | Post Code: |
| Phone:                     | Fax: | E-mail: |            |
| Contact Details            |      |         |            |
|                            |      |         |            |
| Amount of credit Required: |      |         |            |
| <b>Office Use only:</b>    |      |         |            |
| Amount of credit agreed:   |      | Terms:  |            |
| Approved By:               |      |         |            |

### AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days .
3. By submitting this application, you agree to abide by our Standard Trading Conditions.

### SIGNATURE

|       |  |            |  |
|-------|--|------------|--|
| Name: |  | Signature: |  |
| Date: |  | Date:      |  |