

# APPLICATION FOR CREDIT FACILITIES



Please complete all sections

Business Name:			
Registered Office / Business Address		Proprietors Name & Private Address For Sole Traders	
Registered No. :			
Invoice Address		Statement Address	
Bought Ledger Contact Name:			
Telephone No. :		Fax No. :	
Email Address:		Mobile:	
<i>Please provide two trade references in support of this application</i>			
1.)		2.)	
Banks Name & Address Details:			

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Position: \_\_\_\_\_

Please note that our terms of payment are '30 days' and that all trading between us is subject to our conditions of sale, full details of which you will find attached. An account cannot be opened without the full completion of this form.

**Important:** When considering your credit application we will search your record at a credit reference agency/agencies. From time to time we may search our records and those of credit reference agencies for the purposes of managing your account and in order to make further decisions about credit.



Queen Adelaide,  
Ely, Cambs. CB7 4UB  
Registered No. 2747223  
VAT No. GB 750 7549 18

FOR OFFICE USE ONLY

Level of Credit Required :	
Level of Credit Authorised :	
Payment Terms :	

Authorised :		Date :	
Comments :			