

Credit Application Form

Please return urgently as no work can be undertaken before the completed application form has been approved and a credit limit set.

Full Company Name: _____

Trading Name (if different): _____

Is this a Limited Company, Sole Trader or Partnership? _____

Company Registration Number: _____

VAT Number: _____

Number of Years Trading: _____

Registered Office: _____

Invoice Address (if different): _____

Telephone / Fax Number: _____

Please supply a specimen of your company letterhead paper

Credit Limit Required: _____

Bank Details:

Bank: _____

Account Name: _____

Account Number: _____

Trade References:

(1)

Name: _____

Address: _____

Telephone No: _____ Fax No: _____

Monthly Credit Facility _____ Terms: _____

(2)

Name: _____

Address: _____

Telephone No: _____ Fax No: _____

Monthly Credit Facility _____ Terms: _____

- **Payment Terms: Strictly 45 Days i.e. 15th of 2nd Month**
- **All Goods Carried under IRHA Conditions of Carriage**

I accept the above terms of trading and agree to pay our account on 45 days.

Signed: _____ Date: _____

Position: _____