



Application for Credit Facility

Office use

Account No: _____

Trading Name: _____

Trading Address: _____

Phone No: _____

Fax No: _____

Accounts payable E-Mail Address: _____

Person to Contact in Accounts: _____

Directors/Owner of Company: _____

Vat Registration No: _____ Vat Auth No: _____
(VAT13B)

Company Registration No: _____ Year _____

Bank: _____ Branch: _____

Account No: _____

Sort Code: _____

Trade References:

1 Name: _____ 2 Name: _____

Address: _____ Address: _____

TEL No: _____ Tel No: _____

In the event of Credit Facilities being granted, please confirm your adherence to our Credit Terms of 30 days from date of Invoice.

Signed: _____ Print Name: _____

Date: _____