



CREDIT APPLICATION FORM

Fax to: 01235 533150

BUSINESS NAME

IS YOUR BUSINESS.....

ADDRESS.....

| | |
|--|--|
| | A LIMITED COMPANY or PLC? Registered no |
| | A PARTNERSHIP? Please list partners in detail section below |
| | SOLE TRADER? |
| | OTHER? Please supply details |

POST CODE.....

TEL NO.....

FAX NO.....

EMAIL.....

WEBSITE.....

HOME ADDRESS

GOODS DELIVERY ADDRESSES

(OF PROPRIETOR) **IF DIFFERENT**

ADDRESS.....

NAME

NAME

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ADDRESS.....

ADDRESS.....

POST CODE.....

POST CODE.....

POST CODE.....

TEL.....

TEL.....

TEL.....

FAX.....

FAX.....

FAX.....

3 Trade References

| | | |
|--|--|---|
| <p>1</p> <p>NAME.....</p> <p>ADDRESS.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>POST CODE.....</p> <p>TEL.....</p> <p>FAX.....</p> <p>ACCOUNT NO</p> | <p>2</p> <p>NAME.....</p> <p>ADDRESS.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>POST CODE.....</p> <p>TEL.....</p> <p>FAX.....</p> <p>ACCOUNT NO</p> | <p>3</p> <p>NAME.....</p> <p>ADDRESS.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>POST CODE.....</p> <p>TEL.....</p> <p>FAX.....</p> <p>ACCOUNT NO.....</p> |
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SIGNED..... PRINT NAME.....

DATED..... I / WE REQUIRE A CREDIT FACILITY OF £.....