



Credit Application Form

Applicant Business Name					
Address					
Contact Name				Position:	
Tel:	Fax:	Mob:	Email:		
Invoice Address (if different)					
Tel:	Fax:	Email:			
Nature of Business			Number of years trading in current style	Company Registration Number	
Company type	Sole Trader		Limited Company	PLC	Partnership
For partnership and sole trader, please list names and home addresses of all partners, or sole trader on the reverse of this form					

VAT Registration No					
Bankers Name and address:					
Bankers Sort Code	Account Number	IBAN			

Trade References - Please list two trade suppliers with whom you are currently trading					
Name and address:			Name and address:		
Contact: Telephone			Contact: Telephone		
Anticipated amount of credit required		<i>Please note: all trading is governed by our conditions of sale (copy attached)</i>			
Application completed by (PRINT NAME)				Date:	
All applications must be completed in full, signed and accompanied by a letterhead, and forwarded to our Rainham address.					
Signature				Position:	

FOR OFFICE USE ONLY:			
Checked By:		Date:	
Approved By:		Date:	
Account Number		Credit Limit	
Account Manager:			