



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: _____