



APPLICATION FOR CREDIT FACILITIES

PLEASE COMPLETE AND RETURN THIS APPLICATION FORM ALONG WITH YOUR COMPANY'S LETTERHEAD. YOUR FIRST ORDER MUST BE PAID ON A PROFORMA BASIS, AND SHOULD A CREDIT ACCOUNT BE AGREED SUBSEQUENT ORDERS WILL BE DUE 30 DAYS FROM DATE OF INVOICE.

COMPANY DETAILS.

COMPANY NAME: _____ TELEPHONE NUMBER: _____

ADDRESS: _____ FAX NUMBER: _____

_____ E-MAIL ADDRESS(S): _____

ACCOUNTS CONTACT: _____

COMPANY STATUS: LIMITED / SOLE TRADER / PLC COMPANY REG NO: _____

PARTNERS NAME: (NON LTD) REGISTERED OFFICE ADDRESS: _____

BANK DETAILS.

BANK NAME: _____ ACCOUNT NAME: _____

BANK ADDRESS: _____

_____ ACCOUNT NUMBER: _____

_____ SORT CODE: _____

TRADE REFERENCES.

PLEASE SUPPLY TWO TRADE REFERENCES WITH WHOM YOU HAVE BEEN TRADING FOR A MINIMUM OF TWO YEARS.

COMPANY NAME: _____ COMPANY NAME: _____

COMPANY ADDRESS: _____ COMPANY ADDRESS: _____

TELEPHONE NUMBER: _____ TELEPHONE NUMBER: _____

FAX NUMBER: _____ FAX NUMBER: _____

CONTACT NAME: _____ CONTACT NAME: _____

COMPLETED BY:

SIGNATURE: _____ PRINT NAME: _____

POSITION: _____ DATE: _____