

SALES PERSON:

AREA CODE:

Internal Use Only



APPLICATION FOR CREDIT FACILITIES

(to be 100% complete)

REGISTERED COMPANY NAME:

REG. NO.

TRADING COMPANY ADDRESS:

POST CODE:

TEL. NO:

EMAIL:

FAX NO:

WEBSITE:

INVOICE ADDRESS (IF DIFFERENT):

POST CODE:

TEL. NO:

CONTACT NAME:

FAX NO:

EMAIL:

CREDIT REQUIRED:

IS THE COMPANY PART OF A GROUP?

YES: NO:

IF YES, NAME OF HOLDING COMPANY:

STATUS: (I.E. LTD/SOLE TRADER):

HOW LONG HAS THE COMPANY BEEN TRADING?

PRINCIPLE TRADING ACTIVITY?

BANK NAME:

ADDRESS:

POST CODE:

SORT CODE:

ACCOUNT NUMBER:

LENGTH OF TIME WITH BANK:

IF LESS THAN 3 YRS. NAME & ADDRESS OF PREVIOUS BANK:

I/WE AUTHORISE THE BANK TO PROVIDE EMBRASS WITH REFERENCES AS REQUIRED.

AUTHORISED SIGNATORY (DIRECTOR OR OWNER):

NAME:

SIGN:

DATE:



CONTACT NAME:

ACCOUNTS DEPARTMENT

NAME:	POSITION:
TEL. NO:	FAX NO:
EMAIL:	

PURCHASING DEPARTMENT

NAME:	POSITION:
TEL. NO:	FAX NO:
EMAIL:	

AUTHORISED SIGNATURE

SIGNATURE:
PRINT NAME:
TITLE (MUST BE A DIRECTOR OR OWNER):
DATE:

PLEASE RETURN THE APPLICATION FORM FULLY COMPLETED WITH A COMPANY LETTERHEAD AND THE ORIGINAL TERMS & CONDITIONS SIGNED

PLEASE ALLOW 14 DAYS FOR YOUR APPLICATION TO BE PROCESSED