

CREDIT ACCOUNT APPLICATION FORM

BUSINESS INFORMATION			
BUSINESS TRADING NAME			
REGISTERED ADDRESS			
TRADING ADDRESS (IF DIFFERENT FROM REGISTERED ADDRESS)			
MAIN CONTACT PERSON			
MAIN TELEPHONE NUMBER			
FAX NUMBER			
EMAIL ADDRESS			
TYPE OF BUSINESS			
PUBLIC LIMITED COMPANY	PRIVATE LIMITED COMPANY	SOLE TRADER	PARTNERSHIP
BANKING INFORMATION			
COMPANY REGISTRATION NUMBER			
VAT NUMBER			
DATE OF FORMATION			
BANK NAME & BRANCH			
ACCOUNT NUMBER			
SORT CODE			
CREDIT LIMIT REQUESTED			

SOLE TRADERS/PARTNERSHIPS ONLY		
(Use additional sheet if necessary)	Proprietor / Partner 1	Proprietor / Partner 2
FULL NAME		
DATE OF BIRTH		
HOME ADDRESS		
ACCOUNTS INFORMATION		
ACCOUNTS CONTACT		
ACCOUNTS TELEPHONE		
ACCOUNTS FAX		
ACCOUNTS EMAIL		
TRADE REFERENCES		
(Use additional sheet if necessary)	Reference 1	Reference 2
COMPANY NAME		
ADDRESS		
TELEPHONE		

Declaration:

I the undersigned certify that in consideration for the granting of credit facilities to the above company the account will be paid on normal monthly terms and I personally guarantee to pay any amount outstanding unpaid on the account. This guarantee is a primary obligation and I agree that you will not be obliged to take any action including court proceedings against the above-named company before looking to myself for payment. I enter into this agreement for myself and my successors in title.

Director's Signature: **Date:**

Name in block capitals