

Application for Commercial Credit



1. Full trading name/s of Applicant

Trading address

Telephone no:

Fax no:

Email:

2. If Limited Company or Public Limited Company:

Address of Registered Office:

Years of Incorporation:

Number:

3. If partnership give full names (not initials) and private address/es of ALL partners:

a)

b)

c)

Year of commencement:

4. Your Banker's name:

Address:

Account no:

5. What size is your business. No. of employees:

Annual sales £

REFERENCES

6. a) Name, address and tel. no. of two principal suppliers:

b) Approximately what value do you buy from these suppliers each year? £

7. Please state maximum credit requirement £

8. a) Name of your Managing Director/Managing Partner:

b) Private address:

9. Name of person responsible for payment of account on time:

DECLARATION BY CREDIT APPLICANT

We hereby request you to open a credit account.

Director's / Partner's Declaration:

I, being an authorised Officer of this business, do agree that payment of all accounts will be received by you (our supplier) within your stated credit terms. I/We appreciate that adherence to this obligation is the essence of the contract between us.

Signed:

Name (please print in capitals):

Date:

Please return this to: The Vault, 1 Dorset Place, Brighton, BN2 1ST

www.thevaultimaging.co.uk

E: info@thevaultimaging.co.uk

T: 01273 670 667

F: 01273 123 456