



CREDIT APPLICATION

COMPANY NAME :- _____

COMPANY ADDRESS :- _____

TELEPHONE NUMBER :- _____

FAX NUMBER :- _____

VAT NUMBER :- _____

COMPANY
ESTABLISHED :- _____

CREDIT TERMS
REQUESTED :- _____

APPROX CREDIT
REQUIRED :- _____

PLEASE SUPPLY 2 COMPANIES FROM WHICH WE CAN SEEK INDEPENDENT
REFERENCES :-

1. _____

2. _____

BANK DETAILS :- NAME OF BANK _____

 ADDRESS _____

 SORT CODE _____

 ACCOUNT NUMBER _____

FINANCIAL CONTROLLER :- _____

SIGNED :- _____ DATE :- _____