

Credit Application Form

Please fill out the whole form using BLOCK CAPITALS and send to your account manager.

Company Name Details

Company Name:

Contact Name:

Accounts Contact:

Accounts Contact
Email:

Company Address

Street Address:

Town:

Postcode:

Telephone:

Registered Office
(if different from above):

County:

Country:

Fax:

Directors / Partners / Sole Proprietors Details

Name:

Address:

Postcode:

Name:

Address:

Postcode:

Trade References

Name:

Address:

Postcode:

Telephone:

Name:

Address:

Postcode:

Telephone:

Limited Company Details

Date Business Started:

Name of Bank:

Account No.

Address:

Registration No.

Nominal Capital:

Issued Capital:

Maximum Credit
Required:

Registered VAT No.

Currency:

GBP

EUR

USD

SEK

Agreement

I have read and accept your standard terms of trading, a copy of which is available on request.

Signed:

Date:

Printed Name:

Position Held:

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