



## APPLICATION FOR CREDIT TERMS

**Please complete and Fax Back to either your local Branch or 01924 433379**

Thank you for your recent enquiry to open a Credit Account. Would you please complete the following questionnaire and return it as soon as possible, along with a sample of your headed notepaper, to enable us to process your application.

1. Full Trading Name:			
2. Full Trading Address:			
		Post Code:	
3. Telephone Number:			
4. Fax Number:			
5. VAT Registration Number:		Email Address:	
6. Person responsible for payment and telephone number			
7. If you are a Limited Company, please give Full Names of Directors, Registered Office Address and Company Registration Number			
OR If you are a Firm or Partnership, please give Principals Full Names, Home Addresses and Telephone Nos.			
OR If you are a Sole Trader, please state Full Name, Home Address and Telephone No.			
			DOB
8. How long have you been Trading	9. Annual Sales	£	
10. Date of Incorporation	11. No of Employees	REP CODE	
12. Principal nature of business	BUS CODE		

