

Credit Application Form

To help us deal with your application quickly, please give as much of the information shown below as possible. Please note that all account forms are checked by the Credit Protection Association

Company Name: _____ Date: _____

Monthly Credit Required: £ _____ Company Reg. No: _____

(Please tick whichever applies)

Limited Company PLC Partnership Sole Trader Other

Nature of Business: _____ Years in Business: _____

Trading Address: _____

_____ P/Code: _____

Please fill in the following details for sole traders or partnerships.
(If there are more than two partners, please write their names and addresses on a separate sheet).

1. Name and home address:

2. Name and home address:

P/Code: _____

P/Code: _____

STATEMENT OF ACCURACY AND PERMISSION TO VERIFY.

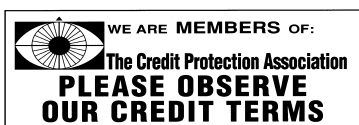
I hereby certify that the information contained herein is complete and accurate.
This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended.

Signature

Date

Print Name

Position



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