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CREDIT APPLICATION FORM

Trading Name:			
Is the company part of a group of companies or a single business Company Registration Number: VAT Number:			
		Invoice Address:	
		Tel Number:	Fax Number:
Accounts Contact:Accounts E-mail:			
	Credit Limit Requested:		
<u>Trade References</u>			
1 Name:	2 Name:		
Address:	Address:		
Tel:Fax			
Contact:	Contact:		
E-mail:	E-mail:		
Bank Details:			
Name:	Sort Code:		
Address:	Account Number		

We request that credit facilities are granted to us and undertake to make payment in accordance with your credit terms of 30 days end of month. We confirm having read and agreed to your standard terms and conditions.











