

APPLICATION FOR CREDIT FACILITIES

 Cartmel Drive, Harlescott Industrial Estate Shrewsbury, Shropshire SY1 3TB T.01743 446666 F.01743 442448		Trading Name: _____ _____	
		Address: _____ _____ _____	
No. of Years Trading:		Post Code:	
VAT No.:		£	
Legal Structure:		Fax No.	
Company Registration No. _____			
Sole Trader		Partnership	
Incorporated		Limited	
		PLC.	
If Incorporated – Registered Office Address, If Sole Trader or Partnership – Home Address:			
Accounts Contact:		Title:	
Telephone No.		Extension:	
Bankers Name:		Bankers Address:	
Account Number:		Sort Code:	

Credit Amount Required Annually	£	Managing Director. (Name)	
Trade References:		Trade References:	
A. Company:		B. Company:	
Address:		Address:	
Contact:		Contact:	
£		£	

Additional Information, Subsidiary and/or Associate Companies etc.

The information given above is complete and correct to the best knowledge of the undersigned, who acknowledge(s) receipt of the terms and conditions of Sale of:



Authorised Signature:	(Partnership) 2 nd Signature
Full Name (Print):	Full Name (Print):
Title:	Title:
Date of Signature:	Date of Signature: