

# Credit Application Form

**Business Trading Name:** \_\_\_\_\_

**Key Contact  
Name:** \_\_\_\_\_

**Key Contact  
Position:** \_\_\_\_\_

**Key Contact  
Email:** \_\_\_\_\_

**Key Contact  
Phone:** \_\_\_\_\_

**Business Type:**

**PLC**

☐

**LTD**

☐

**Partnership**

☐

**Sole Trader**

☐

**Business  
Address:** \_\_\_\_\_  
\_\_\_\_\_

**Main Tel  
No:** \_\_\_\_\_

**Are any of the directors, owners or partners in this business an un-discharged bankrupt?**

**YES**

☐

**NO**

☐

**Have any of the directors, owners or partners held any other credit accounts with us?**

**YES**

☐

**NO**

☐

**If so, please provide account name(s):** \_\_\_\_\_

**Ltd / Plc Companies Only:**

**Company Registration No:** \_\_\_\_\_

**Year business established:** \_\_\_\_\_

**Sole Traders/Partnerships Only:**

**Proprietor  
Name:** \_\_\_\_\_

**Home  
Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Partner  
Name:** \_\_\_\_\_

**Home  
Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Account Department Details:**

**Account  
Contact:** \_\_\_\_\_

**Tel No:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Invoice by  
email?**

**YES**

☐

**NO**

☐

**Statements &  
Remittance by  
email?**

**YES**

☐

**NO**

☐

**Trade References:**

**Company:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Tel No:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Tel No:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_

In processing your application for credit facilities we make enquiries of credit reference agencies and other third parties who may record those enquiries. We may also disclose information about the conduct of your account to credit reference agencies and other third parties. The information obtained from or provided to credit reference agencies or other third parties may be used when assessing further applications for credit terms, for debt collection, for tracing and for fraud prevention. I, the undersigned hereby confirm that if credit facilities are approved the account will be paid as per your normal monthly terms.

**Please send a copy of Hired In Plant Insurance Certificate with this form.**

**Must be signed by a director, partner or proprietor of the business.**