

CREDIT REQUEST FORM

Company Name

Address

Company Registration Number

Telephone Number

Fax Number

Operations Contact

Accounts Contact

VAT NO

Deferment No

VAT Free Authorisation No

The address from which the invoices will be paid if different from the application address

Please provide details of who the directors and principles of the company are:

Description of business

Date first commenced trading:

Please indicate planned monthly spend

Credit References

Bank Name & Address

Trade Name & Address (1)

Trade Name & Address (2)

Signed

Designation

Print Name

Date