

CREDIT APPLICATION FORM

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SECTION A (To be completed by all applicants)

Full Trading Name

Invoicing Address
(if different)

Trading Address

Post Code

Post Code

Contact Name

Tel. No.

Bankers Name

Type of Business

Address

Number of years trading

Post Code

Credit limit required

Account No.

Sort Code

SECTION B (To be completed by Limited Companies only)

Company Name

SECTION C (To be completed by Sole Traders & Partnerships only)

Full Names and Addresses of Proprietors / Partners

Registered Number

(1) Name

Registered Office
(if different from above)

Address

Post Code

(2) Name

Address

Date Incorporated

(3) Name

Holding Company (If any)

Address

SECTION D

(To be completed by all applicants)

Please give details of the person who will have responsibility for ensuring that payments are made by the due date.

Name

Tel. No.

Ext.

email

SECTION E

DECLARATION

As an authorised representative of the above business I request the use of a Credit Account subject to the Conditions of Trading.

14 Day

30 Day

Net Monthly option

Signed

Position

Name (Please print)

Date