

Commercial credit application form

Full name of applicant (and trading style if different)
Trading address
Tel No Fax No Email
Registered Office (if different from above)
Business type: PLC \square Limited Company \square Partnership \square Sole trader \square
Year trading commenced If Limited company, Reg. No
If you are trading as a <u>partnership</u> please give full names (not initials) and home address of all partners , together with their dates of birth (Use reverse side if necessary), if so, tick the box. PTO \Box
1
Name of bankers Branch
Sort code Account number
Maximum anticipated monthly credit required from us £ Name of person responsible for paying our accounts on time Telephone No
Declaration by applicant seeking credit on behalf of a business • We/I will understand that as a part of your assessment of us in the granting of credit, you will send details of application to the Credit Protection Association PLC.
 Who will search databases to which it has access. It may also search a credit reference agency for information relating to us (and in the case of a non-limited business, also relating to the proprietors). The credit reference agency will record the fact of that search in the name of Credit Protection Association PLC. We/I authorise our banker to provide an opinion as to our suitability for the requested account
SignedNAME