

Muctruk Ltd

Grab Hire & Aggregates

14 Saunders Piece, Ampthill, Beds, MK45 2QB

Tel: 07775 622113 Email: muctruk@hotmail.com Website: www.muctruk.co.uk

Credit Application Form.

Business/Trading Name: _____

Business/Trading Address: _____

Main Telephone Number: _____

Email Address: _____

Type of Business: Public Limited Company Private Limited Company
(Please circle) Sole Trader Partnership

Are any of the Directors, Owners or Partners in this business un-discharged bankrupts?

Yes/No

Have any of the Directors, Owners or Partners of this business held any other credit accounts with this company?

Yes/No

If so, please list account names: _____

Amount of credit required: _____

Limited Companies Only

Company Registration Number: _____

Date of Formation: _____

Parent Company: _____

Sole Trader/Partnerships Only

Home address(s) of Proprietor/all Partners.

Full Name: _____

Home Address: _____

_____ Postcode: _____

Date of Birth: _____

Full Name: _____

Home Address: _____

_____ Postcode: _____

Date of Birth: _____

If also employed by another party please provide your Employers details including Company Name, address and contact number:

Please provide your business/personal bank account details where payment will be made from.

Account Name: _____

Bank/Building Society Name: _____

Account Number: _____

Sort Code: _____

Name of people authorised to place orders

Full name: _____

Position: _____

Name of people authorised to make payment

Full name: _____

Position: _____

Trade References

Company Name: _____

Address: _____

Telephone Number: _____

Email address: _____

Current Credit limit: _____

Company Name: _____

Address: _____

Telephone Number: _____

Email address: _____

Current Credit limit: _____

In processing your application, we may make enquiries of credit reference agencies and 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 our normal monthly terms. **Monthly terms are strictly 30 days from invoice date.**

Must be signed by a Director, Partner or Proprietor of the business

Signed: _____

Print Name: _____

Position: _____

Date: _____