



## CREDIT APPLICATION FORM

Depot: Watford / Leatherhead (Please select)

Full Trading Name .....

Limited / Partnership / Sole Trader (please select)

Company Registration No. ....

Address .....

Managing Director's Name .....

.....

Reg. Office .....

..... Post Code .....

..... Post Code .....

Telephone No. ....

Fax .....

**Sole Trader or Partnership please complete the following: If a limited company, please supply a Director's name**

**Sole Trader/ Partner No.1 / Director (please select)**

**Partner No.2**

Full Name .....

Full Name .....

Home Address .....

Home Address .....

..... Post Code .....

..... Post Code .....

Telephone No. .... D.O.B. ....

Telephone No. .... D.O.B. ....

Date Business Established .....

Bank Reference .....Bank/BS

Type of Business .....

Address .....

Payments Contact .....

.....

C.A.R./Plant Insurance Policy No : .....

..... Post Code .....

Insurance Broker : .....

A/c ..... Sort Code .....

Telephone No. ....

Name of Account .....

**( PLEASE ATTACH COPY OF INSURANCE POLICY & COMPANY LETTERHEAD)**

**Trade Ref No. 1**

**Trade Ref No. 2**

Name .....

Name .....

Address .....

Address .....

.....

.....

..... Post Code .....

..... Post Code .....

Tel No .....

Tel No .....

Please accept this form as my/our application for a credit account.

Estimated monthly sales £ .....

Signed ..... Director/Partner/Owner

I/We give my/our consent to a credit search being made on me/us as owner/partner or director of this organisation both now & at any future date. I/We understand this search will be recorded by the agency & may be disclosed to subsequent enquirers.