

Credit Agreement

Applicant's Name:

Business Origination Date:

Business' Name:

Phone:

Address:

Business type: Sole trader Limited company Partnership

Accounts Payable Contact:

Phone:

Order Contact:

Phone:

Email Account:

Please nominate two existing suppliers as credit referees.

Nominated Credit reference 1:

Name of business:

Length of trading as a supplier to your business:

Business address:

Email:

Phone Number:

Contact name:

Nominated Credit reference 2:

Name of business:

Length of trading as a supplier to your business:

Business address:

Email:

Phone Number: Contact name:

Until credit is approved, all terms are payment in advance. until further notification. All information will be held in strict confidence and will be used only for its intended purpose.

Everything stated in this application is correct to the best of my knowledge.

Signature:

Date:

Print Name:

Job Title:

We appreciate you taking the time to fill out this credit application. We assure you that the information you've provided will be used only for its intended purpose. If you have any questions, please contact
07400695978