

# Credit Application Form

*To be treated in the strictest confidence*

<b>Trading Name:</b>
Please attach a sample of company letterhead

<b>Company Registration Number:</b>

<b>Full Postal Address:</b>

<b>Invoice/Statement Address:</b>

<b>Registered Office:</b>
If not Ltd – name of principal partners

<b>Details of Parent Company (if Subsidiary)</b>

<b>Date Business Established:</b>

<b>Details of 2 Suppliers with whom you regularly trade:</b>
Please provide Name, Address, Tel No. & Contact for each

<b>Financial Director:</b>

<b>Annual Turnover for Previous Year:</b>
£
Please attach a copy of Accounts Year end

<b>Bank Name &amp; Address:</b>

<b>For direct payments please remit to:</b>
National Westminster Bank PLC, West Ealing Branch, 162 Uxbridge Road, Ealing, London W13 8JL
Sort Code: 60-23-13
Account Number: 40248933

<b>Sort Code:</b>	<b>Account Number:</b>

<b>Estimated Credit Required per Month:</b>
£

<b>Authorised Signatory:</b>	
<b>Sign:</b>	
<b>Print:</b>	
<b>Position:</b>	
<b>Date:</b>	