

5 SAMPLE Credit application form

Notes:

- (1) Please complete **all** sections in BLOCK CAPITALS
- (2) Our approval process requires that we contact two trade references and we will also conduct a credit check using a credit reference agency. If your application is approved, we will agree a Credit Limit to reflect the level of credit required/agreed.
- (3) In the case of customers, incorporated as a limited liability company, it is our policy to require a personal guarantee from one or more of your company directors guaranteeing payment of all/any amounts due and owing to **[company name]**, which will be enforced in the event of non-payment or default.
- (4) For customers paying by direct debit, payment for goods will be taken on an agreed weekly/monthly date, by direct debit unless otherwise agreed in writing.
- (5) For customers not paying by direct debit, payment will be due within 30 days from date of invoice unless otherwise agreed in writing.

Company trading details

Company name			
Name of sole trader (if not a company)			
Trading name (If different from above)			
Type of legal entity (Please tick as appropriate)	Limited company <input type="checkbox"/>	Unlimited company <input type="checkbox"/>	Partnership <input type="checkbox"/> Sole trader <input type="checkbox"/> Club charity <input type="checkbox"/>
Invoice address			
Delivery address (If different)			
Company registered number			
VAT registration number			
Name of director 1		Name of director 2	
Home address		Home address	
How long in business (years/months)			
How long at current address (years/months)			
Credit limit requested			
Billing currency			
Accounts Payable contact name			
Accounts Payable phone number			
Accounts Payable email address			

SAMPLE Credit application form (continued)

Trade reference details

Note: Please provide two valid supplier references

	REFERENCE 1	REFERENCE 2
Supplier name		
Supplier address		
Supplier contact name		
Position in business		
Supplier phone number		

Declaration of Terms & Conditions

This section must be signed by a Director of the company

I / We wish to apply to **[company name]** for a credit account facility for _____

I / We confirm that the information supplied in this application is true and accurate. I / We accept that, if for any reason whatsoever, any of the above-mentioned information changes we must immediately notify **[company name]** in writing.

I / We have read, agree and undertake to comply with the credit terms applied to the account or as may be advised by **[company name]** from time to time and in any event to discharge all amounts due and owing immediately on receipt of a demand, either verbally or in writing, from **[company name]** its employees or agents.

I / We confirm that I / We have authority to sign for and on behalf of the applicant. I / We understand that **[company name]** reserves the right to decline to open a credit account facility for me / us.

I / We understand that **[Title of the Goods]** sold by **[company name]** shall not pass to the purchaser until the full purchase price has been paid in full by the purchaser and received by **[company name]**.

I / We further understand that the terms of credit applied to my account are STRICTLY 30 days from date of invoice. I / We confirm that I / We have received and read a Copy of the **[company name]** Terms and Conditions of Sale.

Signed for and on behalf of: _____

Authorised signatory: _____

Print name: _____

Position in company: _____

Date: _____