|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Business Name | | | |  | | | | | | |
| Business Type | | | | Plc  Ltd  Partnership  Sole Trader | | | | | | |
| **Details of People Authorized to place orders:** | | | | | | | | | | |
| Name | |  | | | | Position |  | | | |
| Name | |  | | | | Position |  | | | |
| Business Address | |  | | | | | | | | |
| Post Code | |  | | | | Telephone Number | | |  | |
| **Are any of the directors, owners or partners in this business an un-discharged bankrupt?** | | | | | | | | | | Yes  No |
| **Have any of the directors, owners or partners held any other credit accounts with us?** | | | | | | | | | | Yes  No |
| If so, please provide account name(s) | | | | |  | | | | | |
| **Ltd / Plc Companies Only** | | | | | | | | | | |
| Company Registration No. | | | |  | | Date of Incorporation | | | |  |
| Directors Name | | | |  | | Home Address | | | |  |
| City, State | | | |  | | Postal Code | | | |  |
| Directors Name | | | |  | | Home Address | | | |  |
| City, State | | | |  | | Postal Code | | | |  |
| Directors Name | | | |  | | Home Address | | | |  |
| City, State | | | |  | | Postal Code | | | |  |
| **Sole Traders / Partnerships Only** | | | | | | | | | | |
| Partner | | | |  | | Home Address | | | |  |
| City, State, Postal Code | | | |  | | Date of Birth | | | |  |
| Partner | | | |  | | Home Address | | | |  |
| City, State, Postal Code | | | |  | | Date of Birth | | | |  |
| Partner | | | |  | | Home Address | | | |  |
| City, State, Postal Code | | | |  | | Date of Birth | | | |  |
| **Name of People authorized to make payment & Co Bank Details** | | | | | | | | | | |
| First Name | | |  | | | Last Name | | |  | |
| Email Address | | |  | | | Direct No | | |  | |
| First Name | | |  | | | Last Name | | |  | |
| Email Address | | |  | | | Direct No | | |  | |
| First Name | | |  | | | Last Name | | |  | |
| Email Address | | |  | | | Direct No | | |  | |
| Bank Name | | |  | | | Sort Code | | |  | |
| Branch | | |  | | | Account No | | |  | |
| Trade Reference Name | | |  | | | Current Credit Limit | | |  | |
| Address | | |  | | | | | | | |
| Trade Reference Name | | |  | | | Current Credit Limit | | | |
| Address | | |  | | | | | | | |
| In processing your application for credit facilities, we make enquiries of credit reference agencies and other 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 your normal monthly terms.  **Must be signed by a director, partner or proprietor of the business** | | | | | | | | | | |
| Signed |  | | | | | Date | |  | | |
| Print First Name |  | | | | | Print Last Name | |  | | |

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