Credit Application Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Registered Name of Business | |  | | | |
| Trading As | |  | | | |
| Date Business Established | |  | | | |
| VAT Registration No | |  | | | |
| Company Registration No | |  | | | |
| Registered Office Address , Post Code | |  | | | |
| Nature of Business | |  | | | |
| Person Responsible for Purchases | |  | | | |
| Physical Address | |  | | | |
| City, State, Zip Code | |  | | | |
| Postal Address, Post Code | |  | | | |
| Email Address | |  | | | |
| Website Address | |  | | | |
| Telephone , Fax No | |  | | | |
| Email Address, Website | |  | | | |
| How do you want to receive promotional information? | | | | Fax  Email  Post | |
| How did you hear about us? | |  | | | |
| Are premises owned or rented? | |  | | | |
| Name of Landlord | |  | | | |
| Person responsible for payment of Account | | |  | | |
| How do you want to receive your statement? | | | Fax  Email | | |
| E-mail address of Fax No. to which the account must be sent? | | | | |  |
| Monthly Credit |  | | | | |
| Credit Required |  | | | | |

**Details of Owners/Partners/Members/Directors**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Surname** | **I.D Number** | **Residential Address** | **Telephone NOS** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Trade References**

|  |  |
| --- | --- |
| **Name** | **Telephone Number** |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Bankers** |  |
| **Branch** |  |
| **Branch Code** |  |
| **Bank Account Number** |  |

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