

Classic Trade Centre
Application for Credit Account



Full Name: _____
Trading Styles (if applicable): _____
Trading Address: _____
VAT Number: _____
Tel Number: _____
Fax Number: _____
Mobile Number: _____

Type of Business: Ltd Co. Sole Trader Partnership

If Limited Company: Registered Office Address:

Registered Company Number: _____
Tel Number: _____
Year of Incorporation: _____
Annual Sales £: _____

If Sole Trader/Partnership: Please provide full names, home addresses and telephone number(s) of ALL partners (use separate sheet if necessary)

1. Full Name: _____
Address: _____
Tel Number: _____

2. Full Name: _____
Address: _____
Tel Number: _____

3. Full Name: _____
Address: _____
Tel Number: _____

Principal Nature of Business: _____
How Long Trading?: _____
Annual Sales £: _____

Your Account Details

Bank Name:

Bank Address:

Account Number:

Sort Code:

Please Supply Two Trade References

1. Name:

Address:

Tel Number:

Fax Number:

2. Name:

Address:

Tel Number:

Fax Number:

Amount of Credit Required £:

Per :

Type of Account :

Note: Trade Referees should be able to speak for a credit figure as above.

I/we agree the credit account facility will be on your stated terms, and that adherence to this obligation is the essence of the contract between us.

I/we authorise our bankers to provide a bankers opinion as to our suitability for the above amount.

Signed:

Full Name:

Position:

For & Behalf Of:

Date: