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CREDIT LIMIT APPLICATION

Registered Company Name; _____

Registered Company Number: _____ Vat No; _____

Address; _____

Postcode; _____

Phone No; _____

Fax No; _____

E-Mail Address; _____

Web Address; _____

Accounts

Contact Name; _____

Credit Limit Requested; _____

Bank Name; _____

Address; _____

Account No; _____ Sort Code; _____

Trade References

Name _____

Name _____

Address _____

Address _____

Telephone _____

Telephone _____

Fax No _____

Fax No _____

Contact _____

Contact _____

CREDIT TERMS AND CONDITIONS

We under take to make payment to you within your credit terms which are 30 days from date of invoice and we agree that no deductions are to be made from payments due to you without the written agreement of your company. In the event of an invoice being overdue for 2 months, credit facilities will be withdrawn until the account is cleared. Should the account have to be suspended 3 times in a 12 month period, it will automatically be closed and credit facilities withdrawn.

In the event of there being a query on an invoice submitted, this should be referred to us in writing in 10 days. Subsequent disputes cannot be accepted as a reason for non-payment

We undertake to maintain our account within the maximum limit that we have requested above and to make payment if necessary to keep our account within that limit irrespective of the due date of the invoices.

We reserve the right to alter, amend or withdraw credit facilities offered at any time.

Signed _____

Date _____

Print Name _____

Title _____