

CREDIT APPLICATION FORM

Registered Company Name :
Trading Name (if Any):
Sole Trade Partnership Limited Liability Co. Others (please TICK whichever is applicable) No. of years trading Phone No: website:
Postal Address:
Physical Address:
Main email address:
Name of Authorised Company Officer: Ph No: Email address:
Accounts Contact Person: Ph No. Email address:
Accountant: Phone No. Solicitor: Phone No.

CREDIT REFERENCES: <i>Only business who had at least 6 months trading business with your company</i>		
COMPANY NAME	ADDRESS	PHONE

The Company agrees that by signing this form is bound by all of the Terms of Trade herewith attached.

I declare that the above information are true and correct and further agree that in the event of default in the payment of the amount owed to the Supplier, the Supplier shall be entitled to recover all outstanding amounts due plus all legal costs and any costs reasonably incurred in recovering the amount due per clause 3 of Terms of Trade.

Signature of Company's Authorised Representative: _____

Position in the Company: _____ Date: _____