

Credit Application Form

To be treated in the strictest confidence

Trading Name:
Please attach a sample of company letterhead

Company Registration Number:

Full Postal Address:

Invoice/Statement Address:

Registered Office:
If not Ltd – name of principal partners

Details of Parent Company (if Subsidiary)

Date Business Established:

Details of 2 Suppliers with whom you regularly trade:
Please provide Name, Address, Tel No. & Contact for each

Financial Director:

Annual Turnover for Previous Year:
£
Please attach a copy of Accounts Year end

Bank Name & Address:

For direct payments please remit to:
National Westminster Bank PLC, West Ealing Branch, 162 Uxbridge Road, Ealing, London W13 8JL
Sort Code: 60-23-13
Account Number: 40248933

Sort Code:	Account Number:

Estimated Credit Required per Month:
£

Accounts Department Email Address:

Authorised Signatory:	
Sign:	
Print:	
Position:	
Date:	