

APPLICATION FOR CREDIT FACILITIES

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|--|--------------------------------|
| Company Trading Name: | |
| Address: | Registered Name and Address: |
| Name of Parent/Holding Company (if a subsidiary) | |
| Tel No: | Company Registered No: |
| Fax No: | VAT No: |
| Contact Name for Accounts: | Account Reference if required: |
| Accounts e-mail address: | |

| | |
|---------------|-------------------------------------|
| Bankers Name: | Monthly Credit Limit required? £ |
| Address | Account No |
| | Sort Code |

Trade References. Please supply two references

| | |
|--------|--------|
| 1 | 2 |
| Tel No | Tel No |

CREDIT TERMS: *Payment of our first invoice in due within 7 days, thereafter, payment is required within 30 days from date of invoice.*

Declaration

I/We accept the aforementioned terms.

I/We confirm receipt and acceptance of the BIFA Conditions of Carriage as attached.

| | |
|-----------------------|---------------------|
| Authorised Signature: | Name (please print) |
| Position: | Date: |

For Office Use only:

| | |
|--------------------------|-------------------------|
| Account No: | Credit limit approved £ |
| Application approved by: | Date: |

PLEASE RETURN COMPLETED FORM TO THE ABOVE ADDRESS OR FAX TO: 01706 366969

'Thank you for your custom'