CREDIT APPLICATION FORM

Company Name:	**Leagal Entity** (please circle the correct one)
Trading Name (Shop Name):	**Limited Company / Partnership / Sole Trader**
Company Reg No:	**Vat Reg No:**

Invoice Address: **Post Code:**	**Registered Office:** (Leave blank if same as invoice address) **Post Code:**
Landline Number:	**Email Address:**

Partner 1 / Director 1	**Partner 2 / Director 2**
Full Name:	**Full Name:**
Home Address: **Post Code:**	**Home Address:** **Post Code:**
Mobile Number:	**Mobile Number:**
Proof of ID & address (Please provide any 2 below) ☐ **Passport** ☐ **Driving Licence** ☐ **Recent Utility Bill**	**Proof of ID & address** (Please provide any 2 below) ☐ **Passport** ☐ **Driving Licence** ☐ **Recent Utility Bill**

Aggreement to the Company's Terms and Conditions of Sale

1. I have read and understand Company's Terms and Conditions for the supply of goods and service and agree to abide by them.
2. I confirm acceptance of Company payment terms of 30 days from the date of invoice.
3. I personally guarantee payment of all monies due for goods supplied by the company in accordance with their terms and conditions of sale.

To be signed by authorised director(s) / partner(s)

Sign 1	Date:	Name:	Position:
Sign 2	Date:	Name:	Position: