

APPLICATION FOR CREDIT FACILITIES

Please complete & email back



SECTION ONE - ABOUT YOU

Full Name:

Company Name/Trading Title:

Full Trading Address:

House Name: Number:

Street: Locality:

Post Town: Tel. No:

County: Mob. No:

Post Code: Fax. No:

VAT No:

Web Address:

Are you a Sole Trader? Partnership? Plc/Ltd co? LLP?

SECTION TWO - TRADE REFERENCES

1. Name: 2. Name:

Address: Address:

Post Code: Post Code:

Tel No: Tel No:

Email: Email:

SECTION THREE - BANK DETAILS

Bank Name:

Address:

Post Code: Sort Code:

We know how time consuming supplier payments can be. Which is why we have the ability to set up payment via direct debit for invoices due. This obviously saves huge amounts of time. Account No:

To set yours up now, please head to <https://manage.directli.co.uk/pay/co/GEN2562087013> (they're zeros in the url)

SECTION FOUR - LIMITED and PUBLIC COMPANIES only

Company Registration Number: Incorporation Date:

ALL APPLICANTS

I/We understand and agree that should credit facilities be granted to us/me your terms of business require settlement of account net during 14 days following the date of invoice (unless agreed separately). Failure to adhere to these terms may result in credit facilities being withdrawn, your account being placed on Pro-forma and charges applied to your account.

Customer's Signature(s): Please print name(s): Position in Company:

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Date of Application: