



TELEPHONE: 01829 260 687

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APPLICATION FOR COMMERCIAL CREDIT

Website: www.nickbrookes.co.uk

Email: accounts@nickbrookes.co.uk

Full trading Name/s of applicant _____

Telephone Number: _____

Fax Number: _____

E Mail Address: _____ WWW: _____

Trading address _____

If different - Address of Registered Office _____

Year of incorporation _____ Company Reg: No _____ VAT No: _____

If Partnership please give full names (not initials) and private addresses of All Partners:

1.
2.
3.

Bank name and address: - _____

Names and addresses of 2 principal suppliers:

FAX Number:	FAX Number:

Name of managing Director/Senior partner: _____

Name of person responsible of payments _____

Declaration by Applicant (Director or Partner to Sign)

I being an authorised Officer of this business, request you to open a credit account .I agree that payment of all accounts will be received by you (our supplier) within your stated terms of payment and appreciate that adherence to this obligation is the essence of the contract between us.

Signed _____

Print Name _____

Date _____