

# APPLICATION FOR CREDIT FACILITIES



## BUSINESS CONTACT INFORMATION

Company Name:

Phone:

Fax:

E-mail:

Registered company address:

City:

Post Code:

Date Commenced Trading:

Delete as appropriate:

Limited Company.

Partnership.

Sole Trader.

PLC.

## BUSINESS AND CREDIT INFORMATION

Primary business trading address (Invoicing Address):

City:

Post Code:

Registration Number:

VAT Number:

Telephone:

Fax:

E-mail:

Accounts Contact:

Bank name:

Bank address:

Phone:

Fax:

City:

Post Code:

Sort Code:

Amount of Monthly Credit Required:

Account number:

Special Invoicing Requirements:

## BUSINESS / TRADE REFERENCES

Company name:

Address:

City:

Post Code:

Telephone:

Fax:

E-mail:

Company name:

Address:

City:

Post Code:

Telephone:

Fax:

E-mail:

## AGREEMENT

1. Credit terms are strictly 30 days from the date of invoice.
2. Claims arising from invoices must be made within seven working days.
3. All applications must be completed in full and accompanied by an official letterhead.
4. By submitting this application, you authorise Stud Extract Ltd to make inquiries into the trade references that you have supplied.
5. You authorise Stud Extract Ltd to record and hold your company information within their records and accounts system. Please (Tick Here)

## SIGNATURES

Signature:

Type / Print Name:

Date:

Position/ Title: