Credit Application Form

LOCAL		Credit Application Form
plumbing supplies		Date
Trading name (Please attach a copy of letterhead or official order)		
Limited company Sole trader Par	tnership	Credit limit required £
Invoice or statement address	Registered office ad	Idress (If different from invoice address)
Post code		Post code
Contact name	Office phone	
Phone number	Mobile number	
Email	Registration number	
Accounts number	Date established	
Type of account: C.O.D Monthly cro	edit Official order require	ed? Yes No
Name & address of directors & partners	Name & address of c	lirectors & partners
Post code		Post code
Phone Number	Phone Number	
Email	Email	
Bank reference		
Name	Phone number	
Address	Account number	
	Sort code	
Post code		
Trade reference 1	Trade reference 2	
Post code		Post code
Phone Number		
Email	Email	
Credit Guarantee to be completed and signed by the owner/d In consideration of Local Plumbing Supplies and their subsidiarie company secretary of the applicant company jointly and severall (the Company) and its subsidiaries and successors including fina subsidiaries and successors from time to time following review of	s agreeing to supply goods to the applicant company y guarantee payment of all the financial obligations of ncial obligations arising from any increase in the credit	on credit, we the undersigned being owner/director/ the applicant company to Local Plumbing Supplies
Signature	Print name	Date
Signature	Print name	Date
OFFICE USE ONLY		
Account number	Acceptance sent	Credit limit £