

APPLICATION FOR CREDIT FACILITY

FAX BACK ON 01268 596 511 FOR HELP PLEASE CALL 01268 596 510.

A COMPANY LETTERHEAD AND TWO PROOFS OF ADDRESS MUST BE ENCLOSED WITH YOUR APPLICATION (EG. UTILITY BILL). THE APPLICATION MUST BE SIGNED BY A DIRECTOR OR THE OWNER OF THE BUSINESS.

Company name: Limited Sole trader/Partnership Name(s) of Sole trader/Partnership Sole tradership Sole trader	COMPANY DETAILS	
If you are a sold trader, how long have you been trading: Trading address: Postcode: Telephone no: Describe main business activity (Housing, Civils etc.): Email address for accounts correspondence: Email address for purchasing correspondence: Registered address: Company Reg No: Please state your credit requirement: BANK DETAILS Bankers name: Bankers address: Postcode: TRADE REFERENCE A Name: Address: Postcode: Postcode: Postcode: TRADE REFERENCE B Name: Address: Postcode: Telephone no: Fax no: Telephone no: Fax no: Telephone no: Fax no: NSURANCE Do you have insurance cover for hired plant? Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Company name:	Limited Sole trader/Partnership
Trading address: Postcode: Postcode:	Name(s) of Sole trader/Partners:	
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