

# APPLICATION FOR CREDIT FACILITY

**If you would prefer to print this form and send it to us please click here**

**Please complete the appropriate section below. Sign and date the form and return to us with a copy of your letterhead and details of two trade references.**

## SECTION 1 TO BE COMPLETED BY A COMPANY

Full Company Name \_\_\_\_\_ LTD/PLC CO REG NO. \_\_\_\_\_

Trading Name (if trade in different name) \_\_\_\_\_ VAT REG NO. \_\_\_\_\_

Trading Address \_\_\_\_\_ Registered Office Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone No. \_\_\_\_\_ Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_ Fax no. \_\_\_\_\_

I am a Director of the above Company and certify that the company is solvent and not at risk of going into insolvent liquidation

Signed \_\_\_\_\_ Name \_\_\_\_\_ for and behalf of above company

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## SECTION 2 TO BE COMPLETED BY SOLE TRADERS AND PARTNERSHIPS

Trading Name of Business \_\_\_\_\_ Postcode \_\_\_\_\_

Principal Trading Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

\_\_\_\_\_ Fax No. \_\_\_\_\_

Name and Address of all Proprietors and/or Partners \* (Attach any additional names and addresses on separate sheet)

(1) Name \_\_\_\_\_ (2) Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone No. \_\_\_\_\_ Telephone No. \_\_\_\_\_

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## SECTION 3 TO BE COMPLETED BY ALL APPLICANTS

Nature of Business \_\_\_\_\_ How long Established \_\_\_\_\_

Name and Address of Bank \_\_\_\_\_ Sort Code \_\_\_\_\_ Account No. \_\_\_\_\_

Contact for Accounts Payable \_\_\_\_\_

Please insert the amount of total credit facility which is requested £ \_\_\_\_\_

### Declaration and Data Protection Notice

I/we confirm that the information given in this credit amount application form is in all respects true and accurate. I/we confirm that I/we have read and understood your conditions of sale set out on our shop website [www.drywallpro-cut.co.uk](http://www.drywallpro-cut.co.uk). I/we unconditionally accept that those terms and conditions shall be the only ones that apply to all sale contracts which I/we may conclude with you.

Authorised Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return form with a copy of your letterhead and details of two trade references to:**

**Drywall Pro-cut Ltd, Unit 7, Villiers Court, Meriden Business Park, Copse Drive, Meriden, Warwickshire, CV5 9RN.**