



# Credit Application Form

UNITS 1-4 PARK ROAD IND EST  
 PARK ROAD, RISCA  
 NEWPORT NP11 6PU  
 TEL 01633 619129 FAX 619128

**Business / Trading Name** \_\_\_\_\_

**Business Type:** Plc  Ltd  Partnership  Sole Trader

**Details of People Authorised to Place Orders:**

Name: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

**Business Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Main Tel No: \_\_\_\_\_

Accounts Tel: \_\_\_\_\_

**Are any of the directors, owners or partners in this business an un-discharged bankrupt? Yes/No**

**Have any of the directors, owners or partners held any other credit accounts with us? Yes/No**

If so, please provide account name(s): \_\_\_\_\_

**Ltd / Plc Companies Only:** Company Registration No: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

Directors Name: \_\_\_\_\_ Home Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Directors Name: \_\_\_\_\_ Home Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Directors Name: \_\_\_\_\_ Home Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

**Sole Traders / Partnerships Only**

Proprietor / Partner: \_\_\_\_\_ Home Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Proprietor / Partner: \_\_\_\_\_ Home Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Proprietor / Partner: \_\_\_\_\_ Home Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

**Name of People Authorised To Make Payment & Co Bank Details:**

Name: \_\_\_\_\_

Direct No: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Direct No: \_\_\_\_\_

Email: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Sort Code: \_\_\_\_\_ Branch: \_\_\_\_\_

Acc No: \_\_\_\_\_

**Trade Reference Name :** \_\_\_\_\_

Address: \_\_\_\_\_

Current Credit Limit: \_\_\_\_\_

**Trade Reference Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Current Credit Limit: \_\_\_\_\_

In processing your application for credit facilities we make enquiries of credit reference agencies and other third parties who may record those enquiries. We may also disclose information about the conduct of your account to credit reference agencies and other third parties. The information obtained from or provided to credit reference agencies or other third parties may be used when assessing further applications for credit terms, for debt collection, for tracing and for fraud prevention. I, the undersigned hereby confirm that if credit facilities are approved the account will be paid as per your normal monthly terms.

**Must be signed by a director, partner or proprietor of the business**

Signed: ..... Print Name: ..... Date: .....