



Please fax back to:

Nottingham: 0115 955 8008
Leicester: 0116 253 6127

TRADING ACCOUNT APPLICATION

1. CUSTOMER PROFILE					
Company Registered Title:				Registered No.	
Trading Name (if different from above)				VAT NO.	
Registered Office Address:			Trading Address:		
Post Code:			Post Code:		
Telephone:			Telephone:		
Fax:			Fax:		
E-mail Address:					
Number of Employees:			Date Established:		
Legal Status	Statutory Body	Public Limited Company		Private Limited Company	
	Partnership	Trust		Sole Trader	
Names and Addresses of Directors, Partners, Proprietors or Trustees					
Name:		Name:		Name:	
Address:		Address:		Address:	
Post Code:		Post Code:		Post Code:	
Telephone:		Telephone:		Telephone:	
2. TRADE REFERENCES					
With whom you have traded for not less than one year and appropriate to the credit limit figure requested.					
Name:			Name:		
Address:			Address:		
Post Code:			Post Code:		
Telephone:		Fax:	Telephone:		Fax:
3. BANKERS					
Name:			Address:		
Telephone:					
Fax no:			Post Code:		
Account Number:			Sort Code:		
4. FINANCIAL SITUATION (From the latest audited accounts, only required if Credit Limit requested is in excess of £10,000)					
5. DECLARATION Total Value of Credit Limit Requested £					
PLEASE SUPPLY A LETTERHEAD					
NAME (please print)				DIRECTOR / PROPRIETOR / PARTNER	
AUTHORISED SIGNATURE			DATE OF APPLICATION: / /		
OFFICE USE ONLY		ACC NO:		TERMS:	
REP:		CREDIT LIMIT:		TRADE REFS REC:	
SIGNED		AUTHORISED:		BANK REFS REC:	