CREDIT APPLICATION FORM

UK POS ®

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Full Trading Name:

Address for Invoices/Statements:

Person Responsible for Accounts Queries:

Tel:	Fax:	Email:

Delivery Address (if different):

Person Responsible for Orders/Deliveries:

Tel:	Fax:	Email:

Your Website Account

Registered email address:	Name of account holder:

Your Bank

Name and Address of Bank:

Postcode:

Sort Code:	Account No:

Two Trade Referees (Companies You Deal With Regularly)

Name and Address:

Postcode:

Tel:	Fax:	Main Contact:

Name and Address:

Postcode:

Tel:	Fax:	Main Contact:

Your Business Structure

Partnership ☐	Sole Ownership ☐	Limited Company ☐	PLC ☐	Other ☐

Company Registration Number:

Registered Office Address:

Maturity of Business

Age of Business:

Annual Sales:	Under £100,000 ☐	£100,000 to £1 million ☐	£1m to £5 million ☐	£5m to £10 million ☐
	£10m to £25 million ☐	£25m to £50 million ☐	Over £50 million ☐	

No. of Employees: 1 to 9 ☐	10 to 49 ☐	50 to 99 ☐	100 to 250 ☐	Over 250 ☐

Monthly Credit

Monthly Credit Required:

Your Organisation

Type of Business: Retail ☐	Wholesale ☐	Other (Please Specify):

Number of Outlets:

Terms for Payment: First order to be processed on a pro-forma basis. **We post an invoice to you shortly after the despatch of goods which is due for payment, 30 days from invoice date.** For the economic operation of our service this condition needs to be strictly enforced and we make no apology for our strict credit control procedure. **Failure to comply with these terms may lead to your credit facility being withdrawn.** Please double check that you have completed all details on this form to avoid delays in processing your application for credit. By signing this form you agree to our terms and conditions.

Declaration

I have agreed to your terms of payment and will settle outstanding debts accordingly.

Authorised Signature:	Position:
Print name:	Date: