



# APPLICATION FOR CREDIT FACILITIES

## OFFICE USE ONLY

Trade refs: Bank refs: Limit £ Account no: Authorised:

Registered company name:

Reg no:

Trading Address: Post code:  
Tel no: Fax no: Buyers name:

Invoice address (if different): Post code:  
Buyers name:  
Te no: Fax no:

Delivery address (if different): Post code:  
Buyers name:  
Te no: Fax no:

Is the company part of a group: Yes No If yes give the name of the holding company:

Status ie. Limited Company, Sole Trader, Partnership: VAT reg no:

How long has the company been trading?: What is the principle trading activity?:

Bankers name: Sort code: Account no:

Bankers address: Post code:

Length of time with bank:

We authorise the above bank to provide M Greenaway & Son Limited (at their cost) with a bank reference relating to ourselves. This authority is to remain in effect for as long as we retain our account with M Greenaway & Son Limited, or until such time that we notify our bank that this authority is cancelled.

Authorised Signatory (Director)

Name: Signed: Date:

If less than three years, give name and address of previous bank:

Trade reference 1 - Name: Principle activity:  
Address: Post code:  
Tel no: Fax no: Average monthly credit taken:

Trade reference 2 - Name: Principle activity:  
Address: Post code:  
Tel no: Fax no: Average monthly credit taken:

Declaration  
The trade references given above, have no other connection with this company. We wish to apply for standard 30 day credit terms and a monthly credit limit of: £  
We confirm that we have read and accept your standard terms and conditions of sale.  
Name: Signed: Title: