

APPLICATION FOR CREDIT FACILITIES

OFFICE USE ONLY	
Trade refs: Bank refs: Limit £ Acco	unt no: Authorised:
Registered company name:	Reg no:
Trading Address:	
	Post code:
Tel no: Fax no:	Buyers name:
Invoice address (if different):	Delivery address (if different):
Post code:	Post code:
Buyers name:	Buyers name:
Te no: Fax no:	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:
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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. Authorised Signatory (Director)	
Name: Signed:	Title:

Please complate and return this form with a company letterhead. Faxed copes will not be accepted.

NB. We cannot accept applications unless our standard terms are agreed, all boxes have been completed, and the declaration has been signed by an authorised signatory. Please allow 14 days for Credit Application to be processed.

