

APPLICATION FOR CREDIT ACCOUNT

Full Trading Name _____ Telephone No _____
 Full Address _____ Facsimile No _____
 _____ Email Address _____
 Registered Office Address _____ Co. Reg. No. _____
 _____ VAT Reg. No. _____
 If subsidiary Co. State Name of Parent Co. _____
 Address _____ Telephone No. _____

| | | |
|------------------------|-----------------------------|--------------------|
| Date First Established | Approximate Annual Turnover | Nature of Business |
|------------------------|-----------------------------|--------------------|

STATUS

| | |
|--|-------------------|
| | A Limited Company |
| | A Partnership |
| | Male |
| | Female |

A Limited Company
 A Partnership
 Male
 Female

Home Address of Partners if not a Limited Company

Name _____
 Address _____

 Name _____
 Address _____

| | | |
|-----------------------|------------------|--------------------------|
| Capital (If Ltd. Co.) | No. of Employees | Property: Owned / Rented |
|-----------------------|------------------|--------------------------|

Name of Man. Director / Senior Partner _____ Accounts Manager _____
 Estimated Credit Limit Required per Month **£** _____
 Full Name and Address of Bankers _____
 _____ Telephone No. _____

References

IMPORTANT

Please name two main suppliers with whom you regularly spend over £5,000 per month, (or your two largest suppliers).

Name _____
 Address _____

 _____ Post Code _____
 Tel No. _____
 Fax No. _____
 Contact _____

Name _____
 Address _____

 _____ Post Code _____
 Tel No. _____
 Fax No. _____
 Contact _____

If credit facilities are granted I/We undertake to adhere to your standard conditions of contract (available on request) and to settle My/Our account within your terms of trading. These being **the end of the month following the month in which the invoice is raised.**

Signature _____ Position _____ Date _____

Please attach a sample letterhead to this completed form and return to the credit control department at the following address.

4 Bassendale Road, Croft Business Park, Bromborough, Wirral, CH62 3QL
Tel: 0151 334 0895, Fax: 0151 334 0842, ISDN: 0151 343 0606

Wirralco is a trading name of Wirral Continuous Ltd.
 Bank: HSBC Plc Sort Code: 40-15-04 Account Number: 31340913