**APPLICATION FOR CREDIT FACILITY**

COMPANY NAME - Date Received -

**For internal Use only**

New Account Change of Address Closure of Account Change of Title

**To be completed by customer**

FULL LEGAL TITLE AND TRADING NAME -

Sole Trader Partnership PLC Limited Company

VAT No - Company Reg. No. -

Business Activity -

**Invoice/Statement Address**

Name - Telephone No. -

Street - Accounts Contact -

Town -

Postcode -

Preferred Method of Payment - BACS Direct Debit Cheque Other (Please specify below)

Please note – Our standard invoice terms are 45 days from date of invoice, and we retain the right to charge interest on amounts outstanding after this period.

We reserve the right to have ask for an upfront payment and/or shorter invoice and payment periods at the start of contracts.

**Agreement**

By signing this agreement, you agree that we may make searches with a credit reference agency, which will keep a record of those searches and may share that information with other businesses. We may also make enquiries about the principal directors with a credit reference agency.

I/We confirm that all the above details are correct.

Signed - Position -

Date -

Please return to UK Fulfilment via email – ian@ukfulfilment.co.uk