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| SnipImage  **Bathroom accessories for all**  ***KL Evesham believes in leading the way in customer service and changing to meet the needs of the future***  **CREDIT FACILITY APPLICATION** |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PLEASE ANSWER ALL QUESTIONS AND RETURN UNDER YOUR BUSINESS LETTER PAPER** | | | | | | |  |  |  |  |
| Company Name (in full) | | |  | |  |  |  |  |  |  |
|  |  |  |  | |  |  |  |  |  |  |
| Trading Address | |  |  | |  |  |  |  |  |  |
|  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | |  |  |  |  |  |  |
| Postcode |  |  | Tel: | |  |  |  | Fax: |  |  |
| Registered Office Address | | |  | |  |  |  |  |  |  |
|  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | |  | Post Code |  |  |  |  |
| Tel: |  | Fax: |  | | Years Established | |  |  |  |  |
| Company Registration No. | | |  | |  | VAT Registration No. | |  |  |  |
| Proprietors/Directors Names and | | | Addresses | |  |  |  |  |  |  |
|  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | |  |  |  |  |  |  |
| Head of Accounts | |  |  | |  | Head of Purchasing | |  |  |  |
| Name of Bank | |  |  | |  |  |  |  |  |  |
| Branch Address | |  |  | |  |  |  |  |  |  |
|  |  |  |  | |  |  |  |  |  |  |
| Sort Code |  |  |  | |  | Account No. |  |  |  |  |
| Trade References | | 1 |  | |  |  | 2 |  |  |  |
|  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | |  |  |  |  |  |  |
| This is an application for Credit Facility to be opened in my/our name. I/We agree to your terms and conditions set forth in the Standard Conditions of Business overleaf and understand that the credit facilities may be reviewed if payment is not made within the terms of paragraph 5.4 overleaf or other written agreement. | | | | | | | | | | |
|  |  |  |  |  | |  |  |  |  |  |
|  |  |  |  |  | |  |  |  |  |  |
| We understand that until the facility is granted goods will only be supplied on a pro-forma basis. | | | | | | | | |  |  |
| I/We wish to apply for a credit facility of £ | | | |  | |  |  |  |  |  |
| Signed on behalf of the Applicant/Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
|  |  |  |  |  | |  |  |  |  |  |
|  |  |  |  |  | |  |  |  |  |  |
| Name (Block Capitals Please) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
|  |  |  |  |  | |  |  |  |  |  |
| Delivery Address (if different to Trading Address). | | | | | |  | Acceptable Times | |  |  |
|  |  |  |  |  | |  | Acceptable Days | |  |  |
|  |  |  |  |  | |  | Goods In Contact | |  |  |
|  |  |  |  |  | |  | Telephone No. | |  |  |
| Office Use Only | Credit Approved | | Account No. | | | Date | Authorised By | | Rep Code | Rating |
|  |  |  |  |  | |  |  |  |  |  |