APPLICATION FOR COMMERCIAL CREDIT

CHRYSTAL & HILL LIMITED
14-30 WOODHEAD ROAD,
GLASGOW G53 7WA
TEL: 0141-880 6600
FAX: 0141-880-6611

APPLICANT'S FULL NAME _____

TRADING ADDRESS _____

TEL NO. _____ FAX NO. _____ VAT NO. _____

TYPE OF BUSINESS LTD CO. ☐ SOLE TRADER ☐ PARTNERSHIP ☐

REG OFFICE ADDRESS _____

REG NO. _____ REG OFFICE TEL NO. _____

YEAR OF INCORPORATION _____

IF SOLE TRADER/PARTNERSHIP: PLEASE PROVIDE FULL NAMES, HOME ADDRESS & TEL NO'S OF **ALL** PARTNERS

1. _____ TEL NO. _____

2. _____ TEL NO. _____

3. _____ TEL NO. _____

PRINCIPAL NATURE OF BUSINESS _____ HOW LONG TRADING _____

BANK NAME & ADDRESS _____

A/C NO. ☐☐☐☐☐☐☐☐ SORT CODE ☐☐☐☐☐☐☐☐

TWO TRADE REFERENCES

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

TEL NO: _____ FAX NO: _____ TEL NO: _____ FAX NO: _____

AMOUNT OF CREDIT REQUIRED £ _____ PER _____

(NOTE: TRADE REFEREES SHOULD BE ABLE TO SPEAK FOR A CREDIT FIGURE AS ABOVE)

I/WE AGREE THE CREDIT ACCOUNT FACILITY WILL BE ON YOUR STATED TERMS AND THAT ADHERENCE TO THIS OBLIGATION IS THE ESSENCE OF THE CONTRACT BETWEEN US.

I/WE AUTHORISE OUR BANKERS TO PROVIDE A BANKERS' OPINION AS TO OUR SUITABILITY FOR THE ABOVE AMOUNT

SIGNED: _____ FULL NAME _____ POSITION: _____

FOR & BEHALF OF : _____ DATE: _____