

COMMERCIAL CREDIT APPLICATION FORM



Full name of Applicant (and trading style if different)

Trading address

Tel No business Mobile no.....

website:..... .Email.....

Registered Office (if different from above)

Business type: Plc Limited Company Partnership Sole Trader

Year trading commenced If Limited Company, Reg. No.....
If you are trading as a Partnership please give full names (not initials) and home address of ALL partners, together with their dates of birth (Use reverse side if necessary), if so tick this box. PTO

Name of Bankers Branch

Sort Code						
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Account Number														
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Maximum anticipated monthly credit required from us £

Name of the person responsible for paying our account on time.....

Telephone No.....email.....

DECLARATION BY APPLICANT SEEKING CREDIT ON BEHALF OF A BUSINESS

- I am duly authorised by the applicant business to enter into this agreement on its behalf. We agree that payment of your invoices will be made strictly in accordance with the credit terms stated thereon. We recognise that if payment of your invoices is not made by the due date for payment, it may result in the matter being referred to the Credit Protection Association for recovery of the invoice debt; if so, we agree to indemnify you against the costs you incur in referring the matter to CPA pursuing the debt including CPA's current applicable fees for writing to us, any commission payable by you to CPA, all reasonable incidental costs of recovering the debt and interest as applicable.*
- We/I will understand that as a part of your assessment of us in the granting of credit, you will send details of our application to the Credit Protection Association plc. who will search databases to which it has access. It may also search a credit reference agency for information relating to us (and in the case of a non-limited business, also relating to the proprietors). The credit reference agency will record the fact of that search in the name of Credit Protection Association plc.*
- We/I authorise our bankers to provide an opinion as to our suitability for the requested account.*

SIGNED NAME (Please print)

DATE POSITION

You can return this form by email to sales@flowervisionlancashire.co.uk