



Application for 15-day credit facility
(to be completed by Director)

Company name: _____

Address: _____

Telephone: _____

Fax No: _____

Email address: _____

Amount of credit req'd: _____

Turnover for last year: _____

Date company established: _____

Financial year end: _____

Bankers Name: _____

Address: _____

Telephone No: _____

Account No: _____

Sort Code: _____

Period with bank: _____

Trade reference 1

Name: _____

Address: _____

Telephone No: _____

Trade reference 2

Name: _____

Address: _____

Telephone No: _____

Authorised By: _____

Date: _____