



**NON-LIMITED COMPANY / SOLE TRADER**

**CREDIT APPLICATION FORM**

Customer Name:	
Vat Reg No:	Date:
Sole Trader/Partnership:	
Trading Address:	Delivery Address (if different):
Telephone Number:	Fax Number:
Email Address:	How long in business for:
Owners Name(s):	Owners Address:
Amount of credit required per month: (Tick Box)	
Up to £1,000 <input type="checkbox"/> £1,000 - £15,000 <input type="checkbox"/> £15,000 & Above <input type="checkbox"/>	
Trade Reference:	Trade Reference:
Financial Directors Name:	