

Credit Application Form



Company Name: _____

Company Registration Number: _____

Nature of Business: _____

Address: _____

Postal Code: _____

Telephone Number: _____ Fax Number: _____

Registered Address (if different): _____

Email Address: _____

Accounts Contact: _____

Accounts Email: _____

Telephone Number: _____ Fax Number: _____

Holding Company Name (if applicable): _____

Holding Company Address, Post Code & Telephone Number (if applicable): _____

Invoice Address & Post Code (if different): _____

Date Trading Commenced: _____

Name of Managing Director: _____

Name of Finance Director: _____

Number of Staff Currently Employed: _____

VAT Registration Number: _____

Annual Turnover, Last 2 Years – Most Recent: _____ Previous: _____

Credit Terms: **14 days**

Credit Limit Required: £ _____

Credit Application Form



Trade References

Trade Reference 1: _____

Company: _____

Address: _____

Post Code: _____

Contact Name: _____

Trade Reference 2: _____

Company: _____

Address: _____

Post Code: _____

Contact Name: _____

Bank Details

Bank Name: _____

Branch Address: _____

Post Code: _____

Account Number: _____ Sort Code: _____

I HAVE READ AND ACCEPTED THE TERMS AND CONDITIONS OF SERVERSGB LTD AND CONFIRM THAT THE INFORMATION GIVEN IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature: _____ Name: _____

Position: _____ Date: _____