

APPLICATION FOR COMMERCIAL CREDIT

CREDIT APPLICATION

Full name of applicant:

(and trading name if different)

Trading address:

Telephone Number:

Fax Number:

e-mail:

Web:

Year trading commenced:

Business type:

Limited company

Company Registration No.

Sole Trader

Partnership

(please provide full names and home addresses of all partners.)

References:

Name, Address, Contact details and Average monthly spend of two principle suppliers:

Supplier 1

Supplier 2

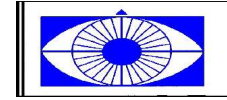
Bank details:

Bank

Branch

Sort code

Account Number



CREDIT APPLICATION

Maximum anticipated monthly credit required:

Person responsible for paying our account on time:

Declaration by applicant seeking credit

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 a 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 the CPA to pursue the debt including CPA's current applicable fees for writing to us, any commissions payable by you to CPA, all reasonable incidental costs of recovering debt and interest as applicable.

I understand that you may authorise a search through credit reference agencies, which will keep a record of that search and may share that information with other businesses. It/they may also make enquiries about the directors/partners as applicable.

I authorise our bankers to provide an opinion as to our suitability for the requested account.

Signed

Name *(please print)*

Position

Date

PLEASE RETURN THIS FORM TO DAVMARK LIMITED