

## CREDIT ACCOUNT APPLICATION FORM

Please complete this form if you wish to apply for a Credit Account with Duraweld Ltd.

Applicant's name	
Company name	
Total amount of credit requested	
Registered office address	Postcode:
Company registration number	
Trading address (if different from above)	Postcode:
Telephone	
Fax	
Accounts email address	
Type of business (please circle)	<input type="checkbox"/> Ltd. <input type="checkbox"/> Partnership* <input type="checkbox"/> Sole Trader* <input type="checkbox"/> Other
Managing Director or Proprietor*	

*\* Please provide overleaf full name(s) and home address(es) of all Partners in the Business, or of the Sole Trader.*

<p>I / We request a Credit Facility with Duraweld Ltd. I / We have received, read and understand the Terms of Trade and agree that all transactions will be governed by those terms. I / We agree to pay all Invoices rendered correctly within the stated period. I / We give my / our consent for a credit search being made on me / us as owner / partner or director of this organisation both now and at any future date.</p>	
Signed _____	Date _____
Name <i>(please print)</i> _____	
Position or title _____	

Please provide two trade references who have had at least two years' experience of trading with you. By signing this Application you give us your explicit consent to our contacting your referees. Do not give names of firms or companies associated by commonality of family, shareholders or directors, and also no Public Utilities and Government Bodies.

In order to make this process as fast as possible, please provide a fax and email address wherever possible.

Name			
Address			
Contact		Tel	
Email		Fax	
Name			
Address			
Contact		Tel	
Email		Fax	

Partnerships and Sole Traders must provide Home Addresses of all Principals in the Firm, because they are jointly and severally liable for any indebtedness incurred by the Firm.

Name			
Address	Postcode:		
Date of Birth		Tel	
Name			
Address	Postcode:		
Date of Birth		Tel	
Name			
Address	Postcode:		
Date of Birth		Tel	

*Continue on a separate sheet if necessary.*

Limited Company Applicants that are subsidiaries or associates, please provide the name and Company Registration Number(s) of associated and intermediate and ultimate Holding Companies

Name		Co. No.	
Name		Co. No.	
Name		Co. No.	