

APPLICATION FOR CREDIT FACILITIES

Customer Full Name		Type of Business	
Company Registration No		No. of years trading	
Site Address:		Accounts Office Address:	
Post Code:		Post Code	
Tel No:	Fax No:	Tel No :	Fax No:
Email Address :		Email Address :	
Contact:	Position:	Contact :	Position :
** Please note that a full risk analysis will be obtained via a credit reference agency **			
Credit Limited Requested £ _____ per month/year			
Invoices to be sent to which address : Site Address / Accounts Address		Statements to be sent to which address : Site Address / Accounts Address	
Trade References			
Company Name:		Company Name:	
Contact:	Position:	Contact:	Position:
Tel No:	Fax No:	Tel No:	Fax No:
Please note that our payment terms are strictly 14 days from the date of invoice.			
If you wish to settle your account via a BACS transfer, our bank details are: United Fleet Distribution Ltd, Account No. 70208027, Sort Code 20-33-83			
<i>I will ensure that the Company abides by the Terms & Conditions of Trading:</i>			
Signature		Position in company	
Print Name			

OFFICE USE ONLY		
Terms & Conditions signed : Yes / No	Risk Analysis Score :	/ 100
Approved By :	Date :	A/c No :

Please return the completed application form along with a piece of your company letterhead direct to :
 United Fleet Distribution Limited, Apollo House, Doris Road, Bordesley Green, Birmingham B9 4SJ.
 Alternatively, fax to 0121 - 688 – 8002.