

CREDIT APPLICATION FORM LIMITED COMPANY



Business Name Invoice Address (If different)
Business Address
.....
.....
.....

How long Trading Monthly Credit £.....

BUSINESS DETAILS

Telephone Fax
Email Web
Contact Name Accounts Contact

Director VAT No
Director Reg No

TRADE REFERENCES

Business Name Business Name
Business Address Business Address
.....
.....
.....
Phone Number Phone Number
Fax Number Fax Number

I hereby request a monthly credit limit with Welland Valley Timber Limited and agree to adhere to the payment terms of 30 days from month end unless agreed otherwise in writing. If necessary I grant you permission to perform a personal credit check on me and/or my business. All the above information is correct to the best of my knowledge

Signed Position
Print Date

Please fill all boxes and return with a copy of your company letter head and registration number
Internal use only

CASTERTON HILL • GREAT CASTERTON • STAMFORD • LINCOLNSHIRE • PE9 4BB

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