APPLICATION FOR CREDIT FACILITIES

	Company Name and Address	
1.	Full Company Trading Name	
2.	Telephone Number Fax Number	Accounts contact:
3.	Accounting Address (Address where invoices are to be sent) If more then one invoicing address, please attach details	Postcode
4.	If limited company Registered Office Address (If same as accounting address, Please state "As 3")	Postcode
5.	If not a limited company Name and Address of Proprietor(s) (If insufficient space, please attach list)	Postcode
6.	Company Reg. No.	VAT No.
	Trading Information	
7.	Nature of Business	No. of Employees How long Established
8.	Is your Company a member of a larger group	☐Yes ☐No If Yes please state group
*	**Credit Facility** Please note that we operate **30 days from date of invoice payment term**, see attached terms and conditions for details	
9.	Name and address of Banker and your Account Details	A/c No. Sort Code:
10.	Please indicate monthly amount of credit required	☐£500 ☐£1,000 ☐£2,000 ☐Other amount specify £……
11.	Have you any outstanding county court judgements against you? If Yes, please state the creditor(s) name and the amount(s).	☐Yes ☐No ……£…… …… £……
	Trade References Please give name and address of two Trade References to whom application may be made	
	(1) Postcode Tel: Fax:	(2) Postcode Tel: Fax:

I/ We understand that should credit facilities be allowed to me/us that your terms of business require settlement of Accounts thirty days following date of invoice.

I have read your Terms & Conditions of trading (enclosed) and agree to be bound by them.

Signature ……

Print Name……..

Position _____ Date _____

IMPORTANT
Please attach a sample of your current letter heading

Please supply birthday of

……

____/____/_____ (Optional)

If applicant is a Limited Company this form **must** be signed by a Director or the Secretary, and if a partnership, by one or more Partners Stating the firm's name.

Hughes Electronics Ltd
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