

TRADE CREDIT APPLICATION



D MACINTYRE & SON LTD
9 Carters Lane
Kiln Farm
Milton Keynes
MK11 3ER

Area Account Manager

Full Name

Address

Postcode

Telephone

E-mail

Facsimile

Internet

Mobile

Business organisation type Sole trader Partnership Limited company

Other (specify)

Date Established

VAT Number

Parent Organisation Name

Limited Company Reg. No.

Registered Address

Name & Address of Owner/Partners

Trade References (Names & Addresses)
1.

Name & Address of Directors
(if trading for less than 2 years as a limited company)

2.

Company Name

Type of Business

Payment Contact

Telephone

Bank Details

Type of Account

Acc. No.

Sort Code

I/We accept and agree to comply with your payment terms.

I/We give consent to a credit search being made on me/us as owner/partner(s) or director(s) of this organisation both now and at any future date. I/We understand that this search may be recorded by the agency and may be disclosed to subsequent enquirers.

Name	Position
Signature	Date

Name	Position
Signature	Date