



## Credit Application Form

**Business / Trading Name** \_\_\_\_\_

**Business Type:** Plc    Ltd    Partnership    Sole Trader

**Details of People Authorised to Place Orders:**

Name: \_\_\_\_\_ / \_\_\_\_\_

Position: \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_ / \_\_\_\_\_

Position: \_\_\_\_\_ / \_\_\_\_\_

**Is a Purchase Order No Required?**      Yes / No

**Head Office/Invoice Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

**Main Tel No:**

\_\_\_\_\_

Accounts Contact:

\_\_\_\_\_

Accounts Tel:

\_\_\_\_\_

Accounts email address:

\_\_\_\_\_

**Are any of the directors, owners or partners in this business an un-discharged bankrupt? Yes/No**

Company Registration No: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_

Company VAT No: \_\_\_\_\_

**Trade Reference Name :** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Current Credit Limit: \_\_\_\_\_

**Trade Reference Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Current Credit Limit: \_\_\_\_\_

**Name of People Authorised To Make Payment & Co Bank Details:**

Name: \_\_\_\_\_

Direct No: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Direct No: \_\_\_\_\_

Email: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Sort Code: \_\_\_\_\_ Branch: \_\_\_\_\_

Acc No: \_\_\_\_\_

In processing your application for credit facilities we make enquiries of credit reference agencies and other third parties who may record those enquiries. We may also disclose information about the conduct of your account to credit reference agencies and other third parties. The information obtained from or provided to credit reference agencies or other third parties may be used when assessing further applications for credit terms, for debt collection, for tracing and for fraud prevention. I, the undersigned hereby confirm that if credit facilities are approved the account will be paid as per your normal monthly terms.

**Must be signed by a director, partner or proprietor of the business**

How did you hear about us?  
Search engine / Advert / Referral / Previous Customer

**PLEASE ATTACH A COPY OF YOUR INSURANCE FOR ANY HIRED PLANT**

**Signed:** ..... **Print Name:** ..... **Date:** .....

*N.B. Our payment terms are Nett 30 days from date of invoice. We work under CPA conditions unless otherwise contracted prior to despatch of goods. The title of goods remains the property of Woodlands (Worcestershire) Ltd until all invoices are settled.*

**Below is for Woodlands Generators office use only**

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