

APPLICATION FOR CREDIT

REF: _____

Company name: _____

Trading

Address _____

Contact Tel Nos:

_____ Mobile _____ Fax

No. _____ e.mail _____

LIMITED: Registration No. _____

SOLE TRADER: (full name) _____

PRIVATE ADDRESS _____

PRIVATE TEL _____

PARTNERSHIP:

Name _____

Private Address _____

_____ Tel No. _____

Name _____

Private Address _____

_____ Tel No. _____

Name _____

Private Address _____

_____ Tel No. _____

/continued.....

2/cont.....

Maximum amount of credit required: _____

How long has the company been established? _____

REFERENCES: (Please give names of two trade references)

_____	_____
_____	_____
_____	_____

BANK DETAILS:

NAME: _____	SORT CODE: _____
ADDRESS: _____	A/C NO: _____
_____	TEL.NO: _____

(We may contact your Bank for a reference and therefore we will require your consent)

CONSENT:

I/We _____

consent to _____ Bank PLC providing a reference on me/us if requested by Sjaak van der Vyver Limited:

Signed: _____

Print
Name(s): _____ Date: _____

Position in Company _____

Please return the original form by post to:-

SJAAK VAN DER VYVER LIMITED
Rosehill, Kinsley Road, Knighton, Powys LD7 1DY

TEL: 01547 520505
FAX: 01547 520646