

Application for Credit Facilities



PLEASE COMPLETE IN FULL USING BLOCK CAPITALS

PLEASE PROVIDE A SPECIMEN LETTERHEAD

TRADING NAME				
TRADING ADDRESS		COMPANY TEL NO.		
		FAX NO.		
		COMPANY EMAIL		
POST CODE	LENGTH OF TIME AT TRADING ADDRESS	COMPANY WEBSITE		
INVOICE / STATEMENT ADDRESS (IF DIFFERENT)		OWNED	RENTED	LEASED
TYPE OF BUSINESS				
NO. OF EMPLOYEES				
POST CODE		ESTIMATED ANNUAL TURNOVER	<input type="text" value="£"/>	

IS YOUR BUSINESS A:	SOLE PROPRIETORSHIP	PARTNERSHIP	LIMITED COMPANY
DATE FORMED		DATE COMMENCED TRADING	
REGISTERED OFFICE ADDRESS (IF LTD)		REGISTRATION NO.	
		VAT NO.	
POST CODE		YOUR BUYERS NAME	
		CONTACT NO. / EMAIL	

** Delete as applicable

SOLE PROPRIETOR / PARTNER / DIRECTORS' DETAILS ** If there are more than two directors / partners, please supply details on separate sheet.

NAME		NAME	
ADDRESS		ADDRESS	
POST CODE	DATE OF BIRTH	POST CODE	DATE OF BIRTH
TEL NO.		TEL NO.	

IS YOUR COMPANY ASSOCIATED WITH OR A SUBSIDIARY OF ANY OTHER COMPANY?	YES	NO
IF YES PLEASE PROVIDE DETAILS		
HAVE YOU AT ANY TIME HAD, OR APPLIED FOR, A CREDIT ACCOUNT WITH ANY COMPANY WITHIN THE BRETT GROUP? If current account held, please give existing Account Number.	YES	NO
IF YES PLEASE PROVIDE DETAILS		

As part of our current & ongoing review of facilities, we reserve the right to conduct searches on any of the addresses supplied, now or in the future, in line with the Data Protection Act.

TRADE REFERENCES (Not your Bankers / Accountant / Associated Companies) **Please provide full address details**

NAME	NAME	NAME
ADDRESS	ADDRESS	ADDRESS
TEL NO.	TEL NO.	TEL NO.
EMAIL	EMAIL	EMAIL
ACCOUNT NO.	ACCOUNT NO.	ACCOUNT NO.

ESTIMATE THE TOTAL CREDIT LIMIT YOU REQUIRE

£

DECLARATION

I / We the undersigned apply to the Company for Credit Facilities. I / We understand that you may make a search via a licensed credit reference agency at any time and will retain a record of the search. I / We have read and understood your terms and conditions of sale both enclosed below and a copy of which is also available on your website www.brett.co.uk and accept these as the basis of all trading. I / We recognise that any credit limit offered may be reviewed and adjusted or transferred (within Brett Group) periodically.

I / We have checked the details on the Credit Application Form and am satisfied that the information is correct.

SIGNATURE	DATE
PRINT NAME	POSITION
SIGNATURE	DATE
PRINT NAME	POSITION

This form must be signed by the SOLE PROPRIETOR / ALL PARTNERS / or a DIRECTOR of the Company listed at Companies House. Please use additional sheet if necessary.

FOR OFFICE USE ONLY

REPRESENTATIVE

AGREED
CREDIT LIMIT

£

MATERIAL DETAILS

DATE AGREED

CUSTOMER TYPE
(For marketing purposes)

AUTHORISED BY

COMMENTS

COMMENTS FOLLOWING A VISIT

All Delivery Tickets are produced electronically and emailed to your designated inbox.

Please provide the following information for this purpose.

COMPANY NAME

CONTACT NAME

CONTACT EMAIL
(For queries with this form)

EMAIL ADDRESS YOU WOULD LIKE YOUR ELECTRONIC TICKETS TO BE SENT TO

(This can be multiple addresses)

Please note your Site Personnel will not be given a Paper Delivery Ticket as proof of delivery. If you have a requirement for site specific email addresses, in addition to those stated above, to receive electronic tickets, please specify this when placing an order with us.

If you have any questions regarding electronic ticketing, please contact Sam Anderson, by calling **01622 793800** or by email **aylesford.reception1@brett.co.uk**