

APPLICATION FOR CREDIT FACILITIES

PLEASE COMPLETE IN FULL USING BLOCK CAPITALS

(PLEASE PROVIDE SPECIMEN LETTERHEAD)

FULL BUSINESS NAME:	
TRADING NAME & ADDRESS	TEL N/o:
	FAX N/o:
	E-MAIL:
	WEBSITE:
POST CODE:	LENGTH OF TIME AT THE ADDRESS:
INVOICE / STATEMENT ADDRESS (if different)	OWNED/RENTED/LEASED:
	TYPE OF BUSINESS:
	N/o OF EMPLOYEES:
POST CODE:	EST ANNUAL T/o: £ -

IS YOUR BUSINESS A:	SOLE PROPRIETORSHIP	PARTNERSHIP	LIMITED COMPANY
DATE FORMED:	DATE COMMENCED TRADING:		
REGISTERED OFFICE ADDRESS (IF LTD):	REGISTRATION N/o:		
	VAT NUMBER:		
POST CODE:			

** Delete as applicable

SOLE PROPRIETOR / PARTNERS / DIRECTORS DETAILS ** If there are more than 2 Directors / Partners, please supply details on separate sheet			
NAME:		NAME:	
ADDRESS:		ADDRESS:	
DOB:	TEL N/o:	DOB:	TEL N/o:

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 / Accountants / Associated Companies)			(Please provide full address details)
NAME:	NAME:	NAME:	
ADDRESS:	ADDRESS:	ADDRESS:	
TEL N/o:	TEL N/o:	TEL N/o:	
EMAIL:	EMAIL:	EMAIL:	
FAX N/o:	FAX N/o:	FAX N/o:	
ACCOUNT N/o:	ACCOUNT N/o:	ACCOUNT N/o:	

Is your Company associated with or a subsidiary of any other Company? If so, please provide details.	Yes / No
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Have you at any time had, or applied for, a credit account with any Company within the Brett Group? If yes, please give details		If current account held, please give existing Account Number:
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ESTIMATE THE <u>TOTAL</u> CREDIT LIMIT YOU REQUIRE	£ _____
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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.

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 of necessary)

Signature	Date
Print Name	Position

Signature	Date
Print Name	Position

FOR OFFICE USE ONLY	AGREED CREDIT LIMIT
REPRESENTATIVE:	£ _____ DATE: _____
MATERIAL DETAILS	REVIEW DATE: _____
CUSTOMER TYPE (FOR MARKETING PURPOSES)	AUTHORISED BY: _____
COMMENTS:	
COMMENTS FOLLOWING A VISIT:	