

APPLICATION FOR COMMERCIAL CREDIT

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In order that we can extend 30 day credit terms, please complete this form and return it to us, in the first instance by fax on **01706 659 911** and then post to Atwell Eyelets & Pressings, 246 Whitworth Road, Rochdale, Lancashire, OL12 0JL. This will then be assessed using the criteria below (the credit application process can take approximately 4 working days from receipt by us depending on your referees):

- Minimum 18 months trading
- A credit rating will be obtained from **www.creditsafeuk.com** this must be 50 or above
- Partnerships / Sole Traders may also have to provide an up to date balance sheet (signed off by your accountants/solicitors)
- A Business / Company Letterhead **MUST** be returned with this application

Full name of Applicant (and trading name if different)

.....

Trading Address.....

.....

Tel No.....Fax.....

Registered Office (if different from above).....

.....

Business type: Limited Company Sole Trader Partnership PLC

Year trading commenced.....If Limited Company, Reg. No.....

If Partnership give **full names** (not initials) and home addresses of **ALL** partners (Use a separate sheet if necessary)

1.....

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2.....

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3.....

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REFERENCE

Name, address, telephone number and contact details of 2 principal suppliers.

Supplier1.....
.....
.....Value of monthly Purchases £.....

Supplier2.....
.....
.....Value of monthly Purchases £.....

BANKING

Name of Bankers.....
Branch Address.....

Sort Code

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 Account Number

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Maximum anticipated monthly credit required from us £.....

Name of the person responsible for paying our account on time.....

DECLARATION BY APPLICANT SEEKING CREDIT

We the undersigned accept Atwell Engineering Ltd payment terms are strictly 30 days from the end of the invoice month and accept in full Atwell Engineering Ltd Terms and Conditions of Supply, and are authorised to do so.

We understand that all goods remain the property of Atwell Engineering Ltd until paid for in full.

We confirm that to the best of our knowledge the information provided on this form is correct.

SIGNED.....NAME (Please print).....

DATE.....POSITION.....

(Please return this form to Atwell Eyelets and Pressings)