

CREDIT APPLICATION FORM

Full Company Name:	No of employees:
Trading as (if different):	VAT number:
Turnover (last	
financial year):	
Business Type: PLC/Limited Co/Partnership/Sole Trader	
Trading Address:	Registered address (if different):
Post Code:	Post Code:
Walanta	
Website:	
Purchasing Contact:	Accounts Contact:
Direct Line:	Direct Line:
Email address:	Email Address:
Credit Limit Required:	
BANK DETAILS	
Bank Name:	Bank Account Number:
Bank Address:	Bank Sort Code:
	Account Name:
PARTNERSHIPS AND SOLE TRADERS ONLY	
1 st Partner/Owner Name:	2 nd Partner/Owner Name:
Home Address:	Home Address:
nome Address.	nome Address.
Postcode:	Postcode:
1 0000000	. 336346.
Lavaran Courante Chilly	
LIMITED COMPANIES ONLY	
	at D:
Registered Office Address:	1 st Director:
Registered Office Address:	
Registered Office Address:	2 nd Director (if applicable):
Postcode:	2 nd Director (if applicable):



TRADE REFERENCES

REFERENCE 1	REFERENCE 2
Name:	Name:
Address:	Address:
Postcode:	Postcode:
Tel No:	Tel No:
Fax:	Fax:
Contact:	Contact:
Period Traded:	Period Traded:
Monthly Spend:	Monthly Spend:
Credit Limit:	Credit Limit:

Please note that only **FULLY COMPLETED FORMS** will be assessed.

Return to the address below for the attention of the CREDIT TEAM.

AUTHORISATION:

This form needs to be signed by the business owner, a Director or a senior representative of the company.

The Customer hereby authorises BuyitDirect Limited to obtain the Customer's financial information from the bank listed above. The Customer also authorises BuyitDirect Limited to contact the above reference suppliers for information regarding the Customer's trading history with them.

The Customer has read, understood and agreed to the terms and conditions of BuyitDirect Limited attached herewith (also published on the website)

ARE YOU AUTHORISED TO SIGN THIS FORM?	
SIGNED:	
NAME (BLOCK CAPITALS):	
Position:	
DATE:	

YES/N	O (DELETE AS APPLICABLE)
	(DULY AUTHORISED)