

CREDIT APPLICATION

Please complete in full using BLOCK CAPITALS

Trading Title _____

Registered Name (if Limited) _____

Company Reg No _____ Year Reg _____ Vat Reg No _____

Registered Office Address	Invoice Address (if different)
_____	_____
_____	_____
_____	_____

Nature of Business _____ Approx monthly spend _____

Are Purchase Order Numbers used _____

Tel No inc STD _____ Fax No inc STD _____

Mobile _____ Email _____

Name of Person Responsible for Account Payments _____

Name of Bank _____

Title of Bank Account _____

Account No _____

Bank Sort Code _____

3 Trade References : Name, Address, Postcode, Telephone and Fax numbers.

1.	2.	3.
_____	_____	_____
_____	_____	_____
_____	_____	_____

I/We agree to comply with the conditions of sale of M & L A Kirby Limited and to allow any necessary status or credit checks as required.

Sign _____ Print _____
Position _____ Date _____

Office Use only