

CREDIT APPLICATION FORM

BUSINESS INFORMATION

Company Name: _____
Co. Reg: _____ Co. VAT No: _____
Telephone: _____ Email: _____
Registered Company Address: _____
City: _____ Country: _____ Postcode: _____
Age of Business: _____ Limited: Yes No Note: _____
Bank Name: _____ Bank Address: _____
Account Number: _____ Bank Sort Code: _____ Credit Required: £ _____
Invoice/Statements Email: _____ Contact: _____
Order Acknowledgements Email: _____ Contact: _____

DELIVERY INFORMATION

Delivery Address: _____
City: _____ Country: _____ Postcode: _____
Sales Email: _____
Delivery Instructions: _____

TRADE REFERENCES

1) Company Name: _____
Company Address: _____
City: _____ Country: _____ Postcode: _____
Telephone: _____ Email: _____
2) Company Name: _____
Company Address: _____
City: _____ Country: _____ Postcode: _____
Telephone: _____ Email: _____

AGREEMENT

- 1) All invoices are to be paid **30 days** from end of month. Where payments are not made within our agreed terms we reserve the right to withdraw credit facilities and collect all outstanding monies.
- 2) Claims arising from invoices, must be made within 5 working days.
- 3) By submitting this application, you authorise JWS Industrial and Welding Supplies Ltd to make enquiries into the banking and trade references you have supplied and consent to us holding and processing your data.

SIGNATURES

Signed: _____ Signed:(JWS) _____
Print: _____ Date: _____ Print: _____ Date: _____
Position: _____ Approved: Declined: Note(s): _____