

Unit 25, Oliver Business Park Oliver Road, Park Royal London, NW10 7JB

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NON REGISTERED BUSINESS CREDIT APPLICATION FORM

Business Details:						
Name of Business:						
Business Address:						
Post Code						
Telephone	Fax:					
Email						
Time in Business	years months					
Time at this Address	years months					
If less than 2 years please supp	ly previous address					
Previous Address						
Post Code						
Is the Business Trading from the Proprietor's Home (Y/N):						
Are the business premises owne	ed by the Proprietor(s) (Y/N):					

Proprietor Details:

	Forenames	Surname	Home Owner? (Y/N)					
Applicant								
2 nd Proprietor								
Applicant's Home Address (if different from Business Address)								
Home Address								
Home Post Code								

Credit Application:

Anticipated Monthly Purchases					
Bankers	Branch	Address	A/C Name	A/C Number	Sort Code

Trade References							
Name	Address	Telephone	Fax				
1.							
2.							
3.							
4.							

I hereby declare the above information to be true and correct. We hereby authorise our bankers to provide a bank reference. Who by their signature hereby warrants that they are an authorised signatory.

Signature			Print Name		Date				
For Office Use Only		Credit Limit		Terms		A/C No Allocated		Credit Approved By	