

TT CONCRETE PRODUCTS LIMITED - CREDIT APPLICATION FORM

Business / Trading Name: Business / Trading Address:

Main Telephone No: Purchase Ledger Tel No: Fax No:

Mobile Tel No: E-mail Address:

Type of Business: Public Limited Company: Private Limited Company: Sole Trader: Partnership:

Are any of the directors, owners or partners in this business un-discharged bankrupts? Yes / No

Have any of the directors, owners or partners of this business held any other credit accounts with this company? Yes / No

If so, please list account names:

Limited Companies Only

Co. Registration Number: Date of Formation: Parent Company:

Home address(es) of proprietor / all partners:

Sole Traders / Partnerships Only

Full Name: Home Address:

Date of Birth:

Full Name: Home Address:

Date of Birth:

If are also employed by another party please provide your employers details including company name, address and contact number:

Please provide your business / personal bank account details where payment will be made from:

Account Name Sort Code

Account Number:

Names of People Authorised to Place Orders

Full Name	Position	Verbal Order	Written Order	Order No. Req'd
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>

Names of People Authorised to Make Payment

Full Name	Position	Direct Telephone Number
.....

Trade References

Company Name: Address:

Current Credit Limit: £.....

Company Name: Address:

Current Credit Limit: £.....

In processing your application for credit facilities we may make enquiries of credit reference agencies and other third parties who may record those enquiries. We may also disclose information about the conduct of your account to credit reference agencies and other third parties. The information obtained from or provided to credit reference agencies or other third parties may be used when assessing further applications for credit terms, for debt collection, for tracing and for fraud prevention. I, the undersigned hereby confirm that if credit facilities are approved the account will be paid as per your normal monthly terms.

Must be signed by a director, partner or proprietor of the business

Signed : Print Name: Position: