



Credit Application Form

T: 01400 283500 F: 01400 283817

Please fill out the whole form using **BLOCK CAPITALS** and either fax or send to:

Blue Castle Business Services Ltd, Warwick House, Long Bennington Business Park, Long Bennington, Newark, NG23 5JR.

Company Name Details

Company Name	<input type="text"/>	Accounts Contact	<input type="text"/>
Contact Name	<input type="text"/>	Accounts Contact Email	<input type="text"/>

Company Address

Street Address	<input type="text"/>		
Town	<input type="text"/>	County	<input type="text"/>
Postcode	<input type="text"/>		
Telephone	<input type="text"/>	Fax	<input type="text"/>
Registered Office	<input type="text"/>		

(If difference from above)

Directors / Partners / Sole Proprietors Details

Name	<input type="text"/>	Name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>

Trade References

Name	<input type="text"/>	Name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Telephone	<input type="text"/>	Telephone	<input type="text"/>

Limited Company Details

Date Business Started	<input type="text"/>		
Name of Bank	<input type="text"/>	Account No.	<input type="text"/>
Address	<input type="text"/>		
Registration No	<input type="text"/>	Nominal Capital	<input type="text"/>
		Issued Capital	<input type="text"/>
Credit Required	<input type="text"/>	Registered VAT No.	<input type="text"/>

Agreement

I have read and accept your standard terms of trading, a copy of which is available on request.

Signed:	<input type="text"/>	Date:	<input type="text"/>
Printed Name:	<input type="text"/>	Position Held:	<input type="text"/>