



Credit Application Form

BUSINESS CONTACT INFORMATION			
Name:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
Town:		County:	Post Code:
Date business commenced:			
Tick Appropriate: Sole Trader: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Corporation: <input type="checkbox"/>	LTD Company: <input type="checkbox"/> Registration No:
VAT Registration No.			
BUSINESS AND CREDIT INFORMATION			
Trading address (if different to above)			
Town:		County:	Post Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
BUSINESS/TRADE REFERENCES – A MINIMUM 2 YEARS TRADING HISTORY			
Company name:			
Address:			
Town:		County:	Post Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
Town:		County:	Post Code:
Phone:	Fax:	E-mail:	
Type of account:			
AGREEMENT			
1. All invoices are to be paid 30 days from the date of the invoice. 2. Claims arising from invoices must be made within seven working days. 3. By submitting this application, you authorise Murrell Trading Group International Ltd. to make inquiries into the trade references that you have supplied. 4. By signing below you are accepting Murrell Trading Group Ltd T&C's. A copy is available on request.			
SIGNATURE			
Authorised Signature: Name: Date: Position in Company:			