



## Credit Application Form

BUSINESS CONTACT INFORMATION			
Name:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
Town:		County:	Post Code:
Date business commenced:			
<b>Tick Appropriate:</b> 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			
<b>Company name:</b>			
Address:			
Town:		County:	Post Code:
Phone:	Fax:	E-mail:	
Type of account:			
<b>Company name:</b>			
Address:			
Town:		County:	Post Code:
Phone:	Fax:	E-mail:	
Type of account:			
AGREEMENT			
<ol style="list-style-type: none"> <li>1. All invoices are to be paid 30 days from the date of the invoice.</li> <li>2. Claims arising from invoices must be made within seven working days.</li> <li>3. By submitting this application, you authorise Murrell Trading Ltd. to make inquiries into the trade references that you have supplied.</li> <li>4. By signing below you are accepting Murrell Trading Ltd T&amp;C's. A copy is available on request.</li> </ol>			
SIGNATURE			
Authorised Signature: Name: Date: Position in Company:			