

COMMERCIAL CREDIT APPLICATION FORM

Please complete and return to

Pitts Presentation Products Ltd
Unit 1 Lyes Farm Offices
Cuckfield Road
Burgess Hill
West Sussex
RH15 8RG

CONFIDENTIAL

Full name of Applicant (and trading style if different)

Trading address

Tel No Fax No Email

Registered Office (if different from above)

Business type: Plc Limited Company Partnership Sole Trader

Year trading commenced If Limited Company, Reg. No.

If you are trading as a Partnership please give **full names** (not initials) and **home address** of **ALL** partners, together with their dates of birth (Use reverse side if necessary), if so tick this box. PTO

1

2

Name of Bankers Branch

Sort Code

Account Number

Maximum anticipated monthly credit required from us £

Name of the person responsible for paying our account on time

Telephone No.....ext.....email.....

DECLARATION BY APPLICANT SEEKING CREDIT ON BEHALF OF A BUSINESS

- I am duly authorised by the applicant business to enter into this agreement on its behalf. We agree that payment of your invoices will be made strictly in accordance with the credit terms stated thereon. We recognise that if payment of your invoices is not made by the due date for payment, it may result in the matter being referred to a debt recovery company; if so, we agree to indemnify you against the costs you incur in referring the matter including all reasonable incidental costs of recovering the debt and interest as applicable.*
- We/I understand that as a part of your assessment of us in the granting of credit, you will send details of our application to Close Invoice Finance Ltd who will search databases to which it has access.*
- We/I authorise our bankers to provide an opinion as to our suitability for the requested account.*

SIGNED NAME (Please print)

DATE POSITION

NB:- (now please return this form).