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Credit Application Form

Business / Trading Name _____

Business Type: Plc Ltd Partnership Sole Trader

Details of People Authorised to Place Orders: Name: _____ Position: _____ Name: _____ Position: _____	Business Address: _____ _____ _____ _____ _____ Post Code _____	Main Tel No: _____ Accounts Tel: _____
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Are any of the directors, owners or partners in this business an un-discharged bankrupt? Yes/No

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

If so, please provide account name(s): _____

Ltd / Plc Companies Only: Company Registration No: _____ Date of Incorporation: _____

Directors Name: _____ Home Address: _____
 _____ Post Code: _____ DOB: _____

Directors Name: _____ Home Address: _____
 _____ Post Code: _____ DOB: _____

Directors Name: _____ Home Address: _____
 _____ Post Code: _____ DOB: _____

Sole Traders / Partnerships Only

Proprietor / Partner: _____ Home Address: _____
 _____ Post Code: _____ DOB: _____

Proprietor / Partner: _____ Home Address: _____
 _____ Post Code: _____ DOB: _____

Proprietor / Partner: _____ Home Address: _____
 _____ Post Code: _____ DOB: _____

Name of People Authorised To Make Payment & Co Bank Details:

Name: _____
 Direct No: _____
 Email: _____

Name: _____
 Direct No: _____
 Email: _____

Bank Name: _____
 Sort Code: _____ Branch: _____
 Acc No: _____

Trade Reference Name : _____
 Address: _____
 _____ Current Credit Limit: _____

Trade Reference Name: _____
 Address: _____
 _____ Current Credit Limit: _____

In processing your application for credit facilities we 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 agreed

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

Signed: **Print Name:** **Date:**