

APPLICATION FOR A CREDIT FACILITY

This is an application for a credit facility with Easyfix Balustrades Limited

	-
Name	
Address	
	Telephone Number
Contact	
Contact email address	
rading status: Please ti	:k
Sole Trader Partne	rship Ltd Company LLP
What type of business de	es the applicant run?
ow will the applicant b	settling invoices?
Cheque	
BACS	
Other (please specify)	
Accounts contact name	
Accounts email address	
Accounts telephone no.	
offormation from the reference of account with them, the count with them, the count wite. Please note that we also irectors, where applicable.	- by supplying this information the applicant authorises us to collect aces as listed, including but not limited to how long the applicant has held redit or purchasing limit, and how many times the account has been paid o make use of credit reference agencies for the business and also the
Name of reference 1	
Address	
Phone number	
Account reference number	<u>!「 </u>
Name of reference 2	
Address	
Phone number	
Account reference number	er l
	<u>" </u>



Ag	re	em	en	t:

By signing this application form you are agreeing to Easyfix Balustrades Ltd terms and you also agree to adhere to the settlement terms as specified in our terms of trade as attached to this form.

Print your name	
Title	
Signature	
Date	

[For internal use only:] CREDIT ACCOUNT HAS BEEN AUTHORISED BY	ON
OUR ACCOUNT/REFERENCE NUMBER THE AGREED CREDIT LIMIT IS £DAYS]	INCLUDING VAT PER MONTH