

ROBERT FREDERICK LIMITED
4 NORTH PARADE BATH BA1 1LF ENGLAND
TEL: 01225 310107 FAX: 01225 312878

APPLICATION FOR CREDIT FACILITY

NAME OF COMPANY/BUSINESS:

TRADING STYLE: (IF DIFFERENT)

ADDRESS:

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COMPANY REGISTERED NUMBER IF LIMITED

FULL NAME AND ADDRESS OF PROPRIETOR/PARTNERS IF NOT A LIMITED COMPANY

1. 2

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TRADE REFERENCES

1. 2

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BANKERS NAME AND ADDRESS

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CREDIT LIMIT REQUESTED:..... VAT REG. NO.....

I CONFIRM RECEIPT OF YOUR TERMS AND CONDITIONS OF SALES

.....

PRINT NAME..... POSITION.....

CONTACT NAME AND NUMBER FOR ACCOUNTS QUERIES.....

PLEASE ATTACH A LETTER HEADING

THIS APPLICATION MAY BE CREDIT
CHECKED

INTERNAL CHECKLIST

SALES REPRESENTATIVE.....

PAYMENT TERMS IF NOT 30 DAYS.....

NAME

DATE

NCM COVER APPLIED FOR YES/NO

TRADE REFERENCES TAKEN UP

BANK REFERENCES TAKEN UP

ACCOUNTS RECEIVED YES/NO

GRAYDON CREDIT CHECK YES/NO

INSURED CREDIT FACILITY
AUTHORISED £

UNINSURED CREDIT FACILITY
AUTHORISED £.....

CUSTOMER ADVISED

REPRESENTATIVE ADVISED

ROBERT FREDERICK LIMITED
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TEL: 01225 310107 FAX: 01225 312878

NEW SUPPLIER CONTACT/DELIVERY INFORMATION

Please complete for every delivery address

Delivery Address if not as overleaf.....

Contact Name to arrange delivery bookings.....

Tel No:..... Email address.....

Fax No:.....

Any special issues/restrictions regarding deliveries.....

.....

.....

Delivery Address if not as overleaf.....

Contact Name to arrange delivery bookings.....

Tel No:..... Email address.....

Fax No:.....

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