



Normans Corner, Chapel Road, Smallfield, Surrey RH6 9JH
 Tel: 01342 842 495 / 842337 • Fax: 01342 842 679
 Email: mail@rs-skips.co.uk • Web: www.rs-skips.co.uk

APPLICATION FOR CREDIT FACILITY

NAME OF APPLICANT.....

INVOICE ADDRESS.....

.....

TELEPHONE NUMBER.....email address.....

REGISTERED OFFICE ADDRESS.....

.....

COMPANY REGISTRATION NUMBER.....

ACCOUNTS CONTACT NAME.....

NAME OF COMPANY DIRECTORS OR PROPRIETORS.....

.....

AMOUNT OF MONTHLY CREDIT REQUESTED.....

TRADE REFERENCE 1 (postal and email address)

.....

.....

TRADE REFERENCE 2 (postal and email address)

.....

.....

BANK NAME AND ADDRESS.....

.....

ACCOUNT NUMBER.....SORT CODE.....



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DECLARATION BY THE SIGNATORY OF THIS DOCUMENT: TO BE SIGNED BY AUTHORISED PERSONNEL ONLY.

NAME OF COMPANY APPLYING FOR CREDIT.....

I HAVE CHECKED AND CONFIRM THE INFORMATION CONTAINED WITHIN THIS APPLICATION FOR CREDIT FACILITIES ON PAGE ONE OF THIS DOCUMENT ARE CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

AS A DIRECTOR OR A SOLE TRADER AND IN RETURN FOR YOU ACCEPTING MY APPLICATION FOR AN ACCOUNT ON BEHALF OF MY COMPANY I AGREE TO ADHERE TO YOUR CREDIT TERMS OF STRICTLY 30 DAYS NETT. I PERSONALLY GUARENTEE IMMEDIATE PAYMENT OF ANY OUTSTANDING AMOUNT ON THIS ACCOUNT SHOULD THE ABOVE COMPANY DEFAULT OR CEASE TRADING FOR ANY REASON WHATSOEVER. I UNDERSTAND THIS WILL INCLUDE ANY INTEREST AND COSTS INCURRED IN THE COLLECTION. I ALSO UNDERSTAND AND ACCEPT THAT YOU RESERVE THE RIGHT TO WITHDRAW CREDIT FACILITIES AT ANY TIME.

SIGNATURE OF AUTHORISED DIRECTOR OF LIMITED COMPANY: (sign below)

.....PRINT NAME.....

SIGNATURE OF SOLE TRADER(sign below)

.....PRINT NAME.....

DATED.....