

COMPLETE AND RETURN

ENVISAGE CREDIT APPLICATION FORM

Customer

Company Trading Name: _____
Company Address: _____

Post Code: _____

Telephone Number: _____

Fax Number: _____

E-Mail: _____

Registered Office (If different to above)

Address: _____

Post Code: _____

Telephone Number: _____

Fax Number: _____

Type of Company (Please tick as appropriate)

Limited Company: ☐

Public Limited Company: ☐

Partnership: ☐

Sole Trader: ☐

Parent Company Name: _____

Company Premises

Freehold: ☐

Leasehold: ☐

Rented: ☐

If Partnership or Sole Trader, please list residential address of parties concerned overleaf.

Company Details

VAT Number: _____
Company Registration Number: _____
Holding Company: _____
Holding Co Reg No: _____
Contact Name: _____
Approximate Annual Turnover: _____
Credit Limited Required: _____
Number of Years Trading: _____
Number of Outlets: _____
Number of Staff: _____

Bankers

Bank: _____
Address: _____

Post Code: _____
Sort Code: _____
Account Number: _____
Account Name: _____

Trade References

1. Name: _____
Address: _____

Post Code: _____
Telephone: _____ Fax: _____
2. Name: _____
Address: _____

Post Code: _____
Telephone: _____ Fax: _____
Signed: _____ Position: _____

By signing this application you are accepting our terms and conditions Revision 2203

Please attach a sheet of your letterheaded paper.