



## Credit Application Form

1. Full Trading Name:- \_\_\_\_\_
2. Limited Company Name (if different to above):- \_\_\_\_\_
3. Trading Address:- \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_
4. Invoice Address (if different to above):- \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_
5. i. Accounts Contact Name:- \_\_\_\_\_  
Telephone Number:- (\_\_\_\_\_) \_\_\_\_\_ Fax Number:- (\_\_\_\_\_) \_\_\_\_\_  
  
ii. Purchasing Contact Name:- \_\_\_\_\_  
Telephone Number:- (\_\_\_\_\_) \_\_\_\_\_ Fax Number:- (\_\_\_\_\_) \_\_\_\_\_
6. Company Registration No:- \_\_\_\_\_ Date of Incorporation:- \_\_\_\_\_
7. Nature of the Business:- \_\_\_\_\_
8. How Long has the Company been trading:-  
\_\_\_\_\_
9. What Credit Limit do you require:- £ \_\_\_\_\_  
(Please note that our standard credit terms are 30 days from date of invoice)
10. Please supply the names and addresses of two Trade References:-  
  
i. Company Name:- \_\_\_\_\_  
Trading Address:- \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_  
Telephone Number:- (\_\_\_\_\_) \_\_\_\_\_ Fax Number:- (\_\_\_\_\_) \_\_\_\_\_  
  
ii. Company Name:- \_\_\_\_\_  
Trading Address:- \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_  
Telephone Number:- (\_\_\_\_\_) \_\_\_\_\_ Fax Number:- (\_\_\_\_\_) \_\_\_\_\_

I hereby confirm that the information supplied above, to the best of my knowledge and belief, is true and complete. I also confirm that I have read and understand the terms and conditions of sale.

Signed:- \_\_\_\_\_ Name:- \_\_\_\_\_



## Section 2 - Sole Trader's and Partnerships

Position:- Director / Company Secretary *(delete as appropriate)* Date:- \_\_\_\_\_

1. Full Trading Name:- \_\_\_\_\_
2. Trading/Invoice Address: \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_
3. Please supply your full name and home address, if a Sole Trader. If a Partnership, then please supply the names and home addresses for each applicable partner.
  - i. Full Name:- \_\_\_\_\_  
Home Address:- \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_  
Telephone Number:- (\_\_\_\_\_) \_\_\_\_\_ Fax Number:- (\_\_\_\_\_) \_\_\_\_\_
  - ii. Full Name:- \_\_\_\_\_  
Home Address:- \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_  
Telephone Number:- (\_\_\_\_\_) \_\_\_\_\_ Fax Number:- (\_\_\_\_\_) \_\_\_\_\_
4.
  - i. Accounts Contact Name:- \_\_\_\_\_  
Telephone Number:- (\_\_\_\_\_) \_\_\_\_\_ Fax Number:- (\_\_\_\_\_) \_\_\_\_\_
  - ii. Purchasing Contact Name:- \_\_\_\_\_  
Telephone Number:- (\_\_\_\_\_) \_\_\_\_\_ Fax Number:- (\_\_\_\_\_) \_\_\_\_\_
5.
  - i. Nature of the Business:- \_\_\_\_\_
  - ii. How Long has the Business been trading:- \_\_\_\_\_
6. What Credit Limit do you require:- £ \_\_\_\_\_  
(Please note that our standard credit terms are 30 days from date of invoice)
7. Please supply the names and addresses of two Trade References:-
  - i. Company Name:- \_\_\_\_\_  
Trading Address:- \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_  
Telephone Number:- (\_\_\_\_\_) \_\_\_\_\_ Fax Number:- (\_\_\_\_\_) \_\_\_\_\_
  - ii. Company Name:- \_\_\_\_\_  
Trading Address:- \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_  
Telephone Number:- (\_\_\_\_\_) \_\_\_\_\_ Fax Number:- (\_\_\_\_\_) \_\_\_\_\_

I hereby confirm that the information supplied above, to the best of my knowledge and belief, is true and complete. I also confirm that I have read and understand the terms and conditions of sale.



### Section 3 – Bank Status Enquiry

Signed:- \_\_\_\_\_ Name:- \_\_\_\_\_  
Position:- Proprietor Date:- \_\_\_\_\_

Plasmet Ltd  
Barton Moss Road, Eccles, Manchester  
M30 7RL

Tel: (0161) 707 3141 Fax: (0161) 788 0181

W: www.plasmet.co.uk

E: accounts@plasmet.co.uk

**To:**      **Bank Name:-** \_\_\_\_\_  
**Bank Address:-** \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_

**From:**      **Full Trading Name:-** \_\_\_\_\_  
**Trading Address:-** \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_

We hereby authorise yourselves to provide Plasmet Ltd with a Status Enquiry / Bank Reference.

**Our bank account name is in that of:-** \_\_\_\_\_

**The Sort Code is:-**      \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**The Account Number is:-**      \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Please note that Plasmet Ltd will meet all costs incurred, and as such, enclose their cheque for your fee.

We authorise you to return the Status Enquiry to;

Credit Control - Accounts Department, Plasmet Ltd, Barton Moss Road, Eccles,  
Manchester, M30 7RL

*(Please note that this Status Enquiry needs to be signed in accordance with your bank mandate instructions)*

Signed .....

(Print) Name ..... Date .....