

01242 395216

team@workplaceco.co.uk
workplaceco.co.uk

Oak Farm, Chargrove Lane,
Cheltenham, GL51 4XB

Credit Application Form

| Company Details | | | |
|--|---|--|--|
| Company Name: | | | |
| Trading Address: | | | |
| | | | |
| | | | |
| | | | |
| Is the property: | Rented <input type="checkbox"/> or Owned <input type="checkbox"/> | | |
| Registered Address: (if different from above) | | | |
| | | | |
| | | | |
| | | | |
| Year of Incorporation: | | Company Registration No: | |
| VAT Registration No: | | Issued and Paid Up Capital: | |
| Accounts Details | | | |
| Accounts contact name: | | | |
| Telephone: | | Email: | |
| Are order numbers required? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Maximum credit required : | | | |
| Bank Details | | | |
| Bank Name: | | | |
| Bank Address: | | | |
| | | | |
| | | | |
| Sort Code: | | Account No: | |
| Trade References (Not Associated Companies) | | | |
| Reference 1 Name and Address: | | Reference 2 Name and Address: | |
| | | | |
| | | | |
| | | | |
| Telephone: | | Telephone: | |
| Email: | | Email: | |

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| Director(s) Details | | | |
|--|--|-------------------------|--|
| Name(s) and Address(es) of Director(s): | | | |
| | | | |
| | | | |
| | | | |
| <p>We the undersigned being a Director/Directors of the applicant Company jointly and severally guarantee performance of all the Company's financial obligations (which shall include a) any future increases/variations in the Company's credit limit which may be negotiated/agreed between Workplace Interiors Company Cheltenham Ltd and the Company b) any liability incurred by the Company in breach of its trading terms and/or its credit limit) to Workplace Interiors Company Cheltenham Ltd and I/we further agree and confirm that the extent of my/our liability is not restricted to or capped by the present or any future credit limit agreed with the Company and I/we hereby sign this agreement in my/our capacity as a Director/ Directors of the Company and in a business capacity.</p> | | | |
| Director Signature: | | Name: (please print) | |
| Director Signature: | | Name: (please print) | |
| Internal Use Only | | | |
| Authorisation to open account: | | | |
| Credit limit: | | Date: | |