

CREDIT APPLICATION

**PLEASE COMPLETE ALL SECTIONS
IN BLOCK CAPITALS**

Company Name	Trading Name:
Trading Address	
Trading As	Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> LTD <input type="checkbox"/>
Reg. No	VAT No
Registered Office	

Account Payable Contact Name	
Account Payable Telephone Number	Account Payable Email Address

Bankers Name & Full Address	
Account No	Sort Code

PLEASE PROVIDE NAMES AND ADDRESSES OF 2 COMPANIES TO WHOM WE MAY APPLY FOR TRADE REFERENCES

1.
2.

STANDARD TERMS OF PAYMENT: 30 Days following date of invoice.

I/We the undersigned, have read and understand the above terms and wish to make application to open an account, and have the authority to sign on behalf of the organisation. I/We also understand that Bread Of Heaven Ltd may apply to our bankers for financial references.

Signed	Signed
Full Name	Full Name
Position	Position
Date	Date

*Note: If applicant is a limited company, this form must be signed by an authorised signatory
If applicant is a partnership, all partners must sign*

PLEASE RETURN THIS FORM TO THE ACCOUNTS DEPARTMENT AT THE ADDRESS DETAILED ABOVE

