

CREDIT APPLICATION FORM

Please complete all fields, any incomplete applications may be returned and delay your application

| | may be returned and delay your application |
|---|--|
| Company information | |
| Company number | Registered office |
| Company name | |
| Incorporation date | |
| Company type | Delivery address |
| Vat number | |
| Credit requested £ | |
| Contact details | |
| Accounts contact | Purchasing contact |
| Email | Email |
| Telephone | Telephone |
| Trade references | |
| Company name | Company name |
| Contact name | Contact name |
| Email | |
| Telephone | Telephone |
| Date account opened | Date account opened |
| Credit limit | Credit limit |
| Current balance | Current balance |
| out your business and associated activities ("Activities to credit reference agencies, banks, credit insurers a | d that the data will be held securely, in confidence and processed for the purpose of carrying es"). In considering my application, I accept that you may consult with and disclose the data nd other responsible organisations outside your business that you have nominated ("third e data. I understand that under the Act I have a right to know what data you hold on me if I |
| A copy of our Privacy Policy is available from our we | bsite. |
| Agreement 1. All invoices are to be paid within 30 days end of m 2. Claims arising from invoices must be made within 3. By submitting this application, you authorise Barn 4. Your credit limit will be based on your credit repo | 7 working days shaw Group to contact the trade references you have supplied |
| Signed (Director) | Position |
| Please email all com | npleted applications to applications@barnshaws.com |
| Office use only | |
| Credit limit : | Risk score : |

Date:

Credit limit : Risk

Credit authorised :

Authorised by: Review date: