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## Credit Application Form

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company/Accounts Email Address: \_\_\_\_\_

Company Reg No.: \_\_\_\_\_

Years Established: \_\_\_\_\_ Amount Fortnightly Credit Required: £ \_\_\_\_\_

Contact Name: \_\_\_\_\_

Authorising Signature: \_\_\_\_\_

Two References (one must be your Bank)

1: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_