

## APPLICATION FOR COMMERCIAL CREDIT

## **Advanced Sealed Units Ltd**

Capital Connect, Bay 3, Travellers Lane Welham Green, Hatfield, AL9 7HF

T: 01707 251005 F:01707270220 E: accounts@advancedsealedunits.com

Business Details: The Applicant's Business/Trading Name:		
Registered Company Name (if different from above):		
Business Registration No:		
Billing Address:		
Telephone: Fax:	Email	(accounts office):
Date of Business Commenced:	VAT	No:
Business Structure:		
Limited Company	Sole Trader	Partnership
Directors/Proprietors/Owners/Partners		
1. Name:		Position:
2. Name:		Position:
3. Name:		Position:
4. Name:		Position:
<b>Trade/Business Reference:</b>		
Please provide two main related supplier details as reference	ce.	
1. Name of Supplier:		Tel:
2. Name of Supplier:		Tel:
Bank Account Details		
Name of Bank:		S.C.: A/c No:
Maximum Credit Required: £		Aprox purchases per month: £
Contact Name of Accounts Payable:	••••••	Email (If different above):
<b>Declaration of Applicant:</b>		
information and seek from a credit reference agency or other	credit provider inform	and subsequently any payment becomes overdue obtain personal ation about my/our credit arrangement and I/We understand that ty that the credit providers are allowed to give or receive pursuant
	o refuse or withdraw t	he applicant/s credit facilities at any time in the event that the
I/We acknowledge and agree that the terms of payments are S goods received by applicants.	TRICTLY on 30 days	$\boldsymbol{unless}$ otherwise $\boldsymbol{specified},\;$ from end of the month in which the
4. Advanced Sealed Units Ltd, will provide statement of account		stomers that hold a credit account with the Company and have a eir account and to notify accounts division of <b>Advanced Sealed</b>
I/We acknowledge that the information provided within this application true and correct in every detail and I/We acknowledge that if credit		
Signature:	Name:	
Date:	Position:	