

CREDIT APPLICATION FORM

ORGANISATION NAME	TRADING NAME (if different)
INVOICE ADDRESS	DELIVERY ADDRESS (if different)
MAIN BUYER	ADDITIONAL AUTHORISED BUYERS
Full Name _____	Full Name _____
Telephone _____	Telephone _____
Fax _____	Fax _____
E-Mail _____	E-Mail _____
-----	Please list other authorised buyers separately
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COMPANY REG NUMBER	VAT REG NUMBER
BANK DETAILS for BANKERS REFERENCE	PURCHASE LEDGER CONTACT
Name of Bank _____	Name _____
Branch address _____	Position _____
	Tel _____
Contact name: _____	
Telephone _____	
Account Name _____	
Sort code [][]-[][]-[][]	Fax _____
Account number _____	E-Mail _____
TRADING REFERENCES	
Supplier 1	Supplier 2
Company Name _____	Company Name _____
Address line 1 _____	Address line 1 _____
Address line 2 _____	Address line 2 _____
Post Code _____	Post Code _____
Contact Name _____	Contact Name _____
Telephone _____	Telephone _____
E-Mail _____	E-Mail _____
BUSINESS STATUS : PLC <input type="checkbox"/> LTD <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE TRADER <input type="checkbox"/>	
If your business operates as a Sole Trader we require the full name and address of the proprietor. If your business operates as a Partnerships we require the full names and addresses of all partners. In order for us to process your application for credit we may pass your details to a credit reference agency By signing this form you give your explicit consent for Just Lamps Ltd to approach any such agency	
TYPE OF ACCOUNT REQUIRED ? CREDIT A/C <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CASH WITH ORDER <input type="checkbox"/>	
CREDIT LIMIT SOUGHT £ _____	
Our standard credit terms are 30 days from date of invoice. Title retains with Just Lamps Ltd until payment is received By signing this form you are agreeing to abide by Just Lamps terms & conditions, a full set of which are available on request	
I / WE AGREE TO THE ABOVE TERMS,	NAME : _____
	POSITION : _____
	SIGNATURE : _____