

APPLICATION FOR A CREDIT FACILITY

This is an application for a credit facility with The Small Business Box; www.smallbusinessbox.co.uk. Our account facilities are on a 30 days term.

Details of the applicant (with trading name):

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Confirm the applicant's trading status:

Sole Trader	
Partnership	
Limited Company PLEASE ENTER REGISTERED NUMBER AND PLACE OF REGISTRATION I.E. ENGLAND AND WALES	
Limited Liability Partnership PLEASE ENTER REGISTERED NUMBER AND PLACE OF REGISTRATION	

Applicant's address details:

Name	
Address line 1	
Address line 2	
Town	
County	
Postcode	
Phone number (landline and mobile)	

What type of business does the applicant run?

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How will the applicant be settling invoices?

Cheque	
Direct Debit	
BACS	
Other (please specify)	

Trade and bank references

By supplying this information, the applicant authorises us to collect information from the references as listed, including but not limited to how long the applicant has held an account with them, the credit or purchasing limit, and how many times the account has been paid late. Please note that we also make use of credit reference agencies for the business and also the directors, where applicable.

Reference 1

Name of reference 1	
Address	
Phone number	
Account reference number	

Reference 2

Name of reference 2	
Address	
Phone number	
Account reference number	

Reference 3

Name of reference 3	
Address	
Phone number	
Account reference number	

Applicant's Bank Details:

Name	
Address	
Sort code	
Account number	

Agreement: By signing this application form you are agreeing to The Small Business Box Ltd's terms of and you also agree to adhere to the settlement terms as specified in our terms of trade as attached to this form. Our terms are 30 days.

Print your name	
Home address	
Title	
Signature	
Date	

[For internal use only:

CREDIT ACCOUNT HAS BEEN AUTHORISED BY _____ ON _____.

OUR ACCOUNT/REFERENCE NUMBER _____

THE AGREED CREDIT LIMIT IS £ _____ INCLUDING VAT PER MONTH

THE AGREED CREDIT PERIOD IS _____ DAYS]