APPLICATION FOR COMMERCIAL CREDIT

Please complete and return to
JMJ Bulk Packaging Ltd
16 Earlstrees Road, Corby , Northants NN17 4AZ
Tel: 01536 274400. Fax: 01536 261180
Email: accounts@jmjbags.com

*******OUR CREDIT TERMS ARE: 30 DAYS FROM DATE OF INVOICE*********

Full name of Applicant……

Trading name (if different from above)……

Trading (Invoice) address……

……

Tel No……Fax No……Email……

Registered Office (if different from above)……

Business type: Limited Company ☐ Sole Trader ☐ Partnership ☐

Year trading commenced……If Limited Company, Reg. No……

If Partnership give **full names** (not initials) and home addresses of **ALL** partners

1……

2……

REFERENCES ***Please supply details for two principal suppliers:***

Supplier1-Name…… ……Value of monthly Purchases £……

Address……Postcode……

Contact Name ……Contact Telephone No: ……

Supplier2-Name…… ……Value of monthly Purchases £……

Address……Postcode……

Contact Name ……Contact Telephone No: ……

Name of Bankers……Branch……

Sort Code								**Account Number**							

Maximum anticipated monthly credit required from us £……

Name of the person responsible for paying our account on time……Ext No……..

DECLARATION BY APPLICANT SEEKING CREDIT

- *I, being an authorised person for this business, do agree that payment of all accounts will be made within your stated credit terms and agree that adherence to this obligation is the essence of the contract between us.*
- *I understand that you may authorise a search through credit reference agencies, which will keep a record of that search and may share that information with other businesses. It/they may also make enquiries about the directors/partners as applicable*
- *I authorise our bankers to provide an opinion as to our suitability for the requested account.*

SIGNED……**NAME** (Please print)……

DATE ……**POSITION**……