



Credit Control Application

Customer's full name _____

Trading Address _____

Invoice Address _____

Tel No. _____

Tel No. _____

State whether Limited Company

Partnership

Sole Trader

Maximum monthly credit required £ _____

Person responsible for ensuring account paid on due date _____
 Tel No. _____

Name and Address of two trade references (NOT associated companies)

Reference 1 _____

Reference 2 _____

Tel No. _____

Tel No. _____

Bank Reference

**Please Enclose a copy of Your
 Company's Headed Notepaper
 And
 Hired-In Plant Insurance**

TO BE COMPLETED BY LIMITED COMPANIES ONLY

Registered office address

TO BE COMPLETED BY ALL OTHER APPLICANTS

Full name of proprietor/senior partner _____
 Home address _____

I/We apply for credit account with Rapid Platforms

Signed _____ Authorised signature _____ Date _____

Name _____ Position _____

