APPLICATION FOR COMMERCIAL CREDIT

Please complete and return to;

JMJ Bulk Packaging Ltd

16 Earlstrees Road, Corby , Northants NN17 4AZ
Tel: 01536 274403

Email: accounts@jmjbags.com

OUR CREDIT TERMS: 30 DAYS FROM DATE OF INVOICE

Full name of Applicant
Trading name (if different from above)
Trading (Invoice) address.
Tel NoEmail
Registered Office (if different from above)
Business type: Limited Company □ Sole Trader □ Partnership □
Year trading commenced
If Partnership give full names (not initials) and home addresses of ALL partners
1
2
REFERENCES Please supply details for two principal suppliers:
Supplier1-NameValue of monthly Purchases £
AddressPostcode
Contact NameContact Telephone No:
Supplier2-NameValue of monthly Purchases £
AddressPostcode
Contact NameContact Telephone No:
Name of BankersBranch
Sort Code Account Number
Maximum anticipated monthly credit required from us £
Name of the person responsible for paying our account on time
 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.
SIGNEDNAME (Please print)
DATEPOSITIONV1.2