

**Customer Credit Application**



**Customer Credit Application**

*Customers requesting a credit facility are required to complete section 1-5*

**PART 1**

**Customer Details**

Full Trading name

Trading Address

Invoice Address  
(if difference from above)

**Accounts Contact for Payment of Invoices**

Name

Tel

Ext

Email

Fax

**PART 2** *(to be completed by Limited Company only - Sole Traders/Partnerships go to Part 3)*

**LIMITED COMPANY DETAILS**

Company Name

Registered Office Address

Company Registration Number

Date Incorporated

Issued Capital

Paid Up Capital

Name of Shareholders

Ultimate Parent Company *(if any)*

*(Sole Traders & Partnerships please turn to page 2)*

# Customer Credit Application

**PART 3** (To be completed by Sole Traders & Partnerships only - Limited Companies go to Part 4)  
Please copy this page if you require need extra pages

## SOLE TRADERS & PARTNERSHIP DETAILS

### Full Names & Home address(es) of Proprietor/Parnters

Title			
Name			
Position			
Home Address			
County:		Postcode	
Tel		Fax	
Email			
How many years resident at this address	<input type="text"/>		
If less than 3 please give former address below:			

## SOLE TRADERS & PARTNERSHIP DETAILS

### Full Names & Home address(es) of Proprietor/Parnters

Title			
Name			
Position			
Home Address			
County:		Postcode	
Tel		Fax	
Email			
How many years resident at this address	<input type="text"/>		
If less than 3 please give former address below:			

# Customer Credit Application

**PART 4** (Please provide details of Trade References - all boxes require completion)

## TRADE REFERENCE 1

Company Name:

Company Address

Contact  Position

Tel  Ext

Email  Fax

Please state below the line of business the reference is in and how long they have been a supplier:

Type of Business:

No of Years:

Months:

## TRADE REFERENCE 2

Company Name:

Company Address

Contact  Position

Tel  Ext

Email  Fax

Please state below the line of business the reference is in and how long they have been a supplier:

Type of Business:

No of Years:

Months:

## TRADE REFERENCE 3

Company Name:

Company Address

Contact  Position

Tel  Ext

Email  Fax

Please state below the line of business the reference is in and how long they have been a supplier:

Type of Business:

No of Years:

Months:

## PART 5

### ACKNOWLEDGMENT

I/We hereby request you to open a credit account. I/We authorise 3DPrographics to make a credit search with a credit reference agency using the information given in this application form.

Signed by a duly authorised representative of you, The Customer.

Print Name

Position

Date (dd/Month/year)

# Customer Credit Application

## FOR INTERNAL USE ONLY

**PART A** *To be completed by 3DPrographics location only). This section MUST be completed before passing to credit control*

### Confirmation of Customer and Location Details

Customer Name

Type of A/c

Tel:

Fax

Sales Executive Name

Sale Executive Mobile

email:

Anticipate Annual Spend (excluding VAT)

Products:

Services:

Type & Terms of Account Requested

Delete as appropriate  [ 7 ] [ 14 ] [ 21 ] [ 28 ] [ 30 ]\* Days from Invoice Date

### ACKNOWLEDGMENT

I confirm that the above details are correct.

To be Signed by Sales Executive

Print Name

Position

Date (dd/Month/year)

**PART B** *To be completed by Credit Control Only*

AAS

Credit Limit

Credit Limited Approved

Comments

3DPrographics Credit Control 49 Oakdale Bracknell Berkshire RG12 0TG Telephone 0844 736 1529

To be Signed by Credit Control Manager/Proprietor

Print Name

Position

Date (dd/Month/year)