

CREDIT FACILITIES APPLICATION

PART 2

THIS ONLY NEEDS TO BE COMPLETED IF YOUR COMPANY IS NOT LIMITED AND YOU ARE THE SOLE PROPRIETOR / PARTNERSHIP

PLEASE SUPPLY TWO CURRENT BILLS e.g. GAS AND ELECTRICAL SHOWING YOUR NAME & FULL POSTAL ADDRESS ALONG WITH A LANDLINE TELEPHONE NUMBER.

PLEASE NOTE: AN INCOMPLETE CREDIT APPLICATION FORM MAY LEAD TO THE REFUSAL / DELAY IN PROCESSING YOUR CREDIT ACCOUNT.

1. FULL NAME: _____

HOME ADDRESS: _____

_____ POST CODE: _____

(IF LESS THAN THREE YEARS, PLEASE STATE PREVIOUS ADDRESS BELOW)

PREVIOUSADDRESS: _____

_____ POST CODE: _____

1. FULL NAME: _____

HOME ADDRESS: _____

_____ POST CODE: _____

(IF LESS THAN THREE YEARS, PLEASE STATE PREVIOUS ADDRESS BELOW)

PREVIOUSADDRESS: _____

_____ POST CODE: _____

1. FULL NAME: _____

HOME ADDRESS: _____

_____ POST CODE: _____

(IF LESS THAN THREE YEARS, PLEASE STATE PREVIOUS ADDRESS BELOW)

PREVIOUSADDRESS: _____

_____ POST CODE: _____