



Arnolds Field Estate
 Wickwar
 Wotton under Edge
 Gloucestershire
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APPLICATION FOR CREDIT FACILITIES

Please note your first order will be on a Pro-Forma basis and until this form has been completed and your application approved, all transactions must be strictly CASH WITH ORDER
 (PLEASE WRITE CLEARLY & IN BLOCK CAPITALS)

COMPANY NAME:
ADDRESS:
Postcode:

TELEPHONE No:	FAX No:
REGISTERED OFFICE (If different than above)	

No of years trading:	
VAT No:	Company Registration No:

ACCOUNTS PAYABLE CONTACT NAME & TELEPHONE No:	
AMOUNT OF CREDIT YOU REQUIRE PER MONTH: £	
BANK NAME & BRANCH:	
SORT CODE:	ACCOUNT NO:-

PLEASE SUPPLY TWO TRADE REFERENCES (PLEASE SUPPLY THE COMPANY'S FAX NUMBER – If no Fax number, provide address)	
1.	2.
Fax:	Fax:
In applying for credit facilities, we agree to accept the trading terms which are strictly 30 days from end of month in which goods are delivered / invoiced. All invoice / delivery queries must be notified within 7 days upon receipt, to avoid rejection of such claims.	
SIGNED	PRINT NAME
POSITION HELD	DATE

****This form must be signed by a Company Director/Financial Director or Accountant of the Company****