

CREDIT APPLICATION FORM

Credit will only be by receipt of a completed form
 subject to satisfactory references and credit reports

Please complete in **BLOCK CAPITALS**

TRADING NAME AND ADDRESS OF APPLICANT	
	Post Code:
Full Telephone Number:	

Structure of Company	Tick One
Sole Trader	
Partnership	
Limited Company	

Amount of Credit Applied for	
	per month

SOLE TRADERS AND PARTNERSHIPS COMPLETE THIS SECTION	
Proprietor's / Partners name and Private Address (es)	
Proprietor or Senior Partner	
	Post Code:
Other Partner	
	Post Code:
Other Partner	
	Post Code:

REFEREES	
1. Bank name and Address	
Sort Code:	
Account No:	

2. FIRST TRADE REFERENCE	Please give full name and address
Post Code:	
Tel No:	

3. SECOND TRADE REFERENCE	Please give full name and address
Post Code:	
Tel No:	

LIMITED COMPANIES COMPLETE THIS SECTION	
Name (if different from trading name)	
Company Registered Number	
Date of Incorporation	
Registered Office (if different to trading address above)	
Post Code:	
Name and address of ultimate holding company (if applicable)	

How long have the current owner/s run the company? years months
 If less than one year, provide details of business/employment activities over the previous five years (on separate sheets).
 Have any Directors/Partners been previously or currently declared bankrupt? YES NO

If YES, give Name, date of bankruptcy and date of discharge from bankruptcy

Have you or any of the Directors/Partners previously been involved with a company which has been placed subject to insolvency proceedings into liquidation, administration or receivership? YES NO

If YES, give details

Is any Debenture, Mortgage, Floating charge or any other form of security in existence over the assets of the business? If so, please provide details on a separate sheet.
 Estimated Annual Turnover (local currency)

Please attach copies of the most recent financial statements available (i.e. Audited P&L Balance Sheet etc)

I/We hereby apply for a monthly credit account. I/we understand that if credit terms are granted, such terms are as set out in Novograf's Terms Of Business and failure to comply with these terms may result in suspension or removal of credit without notice. Ownership of goods remain with Novograf limited until paid in full. By signing this form I/We agree to Novograf's Terms Of Business. I/We hereby authorise Novograf Ltd to use the information in this form to carry out credit check and reference procedures.

Signature (s)	Name: Please Print	Position	Date

FOR OFFICE USE ONLY			
Account No:		Actioned By	Date
Credit Check Result	£	Credit Limit Approved	£