

# NOVOGRAF Credit application Form

Credit will only be issued by receipt of a completed form subject to satisfactory references and credit reports  
Please complete in BLOCK CAPITALS

**Novograp Ltd**  
10 Langlands Place  
Kelvin South  
East Kilbride  
G75 0YF

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

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

Structure of Company	Tick One
Sole Trader	
Partnership	
Limited Company	

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

Amount of Credit Applied for _____ per month

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

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:	

LIMITED COMPANIES COMPLETE THIS SECTION	
Name (if different to 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)	

I/We hereby apply for a monthly credit account. I/we understand that settlement terms are 30 days from date of invoice, and failure to comply with these terms may result in suspension or removal of credit without notice. Ownership of goods remain with Novograp limited until paid in full.

Signature (s)	Name: Please Print	Position	Date

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